FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1998	DIVISION OF C	ORPORATIONS		or State
i .		0001270 (4)			
	WITHERIO, WO]	DARI 1701A 1781) 14811 HATI 1881
Principal Plac	e of Business	Mailing Address			ONDI NIGHO FIGUI NOBIL ADILI CODI
6553 BAY ST 6553 BAY ST				·	
ST PETE BEACH FL 33706 ST PETE BEACH FL 3			6	DO NOT WRITE IN THIS	S SPACE
0 3				3, Date Incorporated or Qualified 01/04/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3284643	Not Applicable
Sulte, Apt.	#, θtC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution 8. This corporation owes or has paid the c	Added to Fees
24	25	} —-¬	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
	ERLE, KEITH M		81 Name		
	53 BAY ST PETE BEACH FL 33706		B2 Street Add	dress (P.O. Box Number is Not Acceptable)	
. 31	PERE DEAUN PL 33/00		83		
			84 City		85 Zip Code
		·		F	L. []
l office or r	registered agent, or both, in the State	of Florida. Such change was a	uthorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered ppointment as registered
ļ	ım familiar with, and accept the oblig-	ations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE	Signature, typed or proited name of registered ago	on and title diapplicable (NOTE	. Rogistered Agent signature requ	uirod when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	PD Werle, Keith M	DELETE	1.1 TITLE		Change Addition
NAME Street Address	6553 BAY ST		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-\$1-ZIP		
TITLE	ST	☐ DÉLÉTE	2.1 TITLE		☐ Change ☐ Addition
NAME	MAURY, PETER		22 NAME		
STREET ADDRESS	8034 36TH AVENUE N.		2.3 STREET ADDRESS		
- CITY-ST-ZIP TITLE	ST. PETERSBURG FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		[] DECENT	3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		Ì
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DEL ET E	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

B13.367-2150

FILED

May 19 1998 8:00am

Secretary of State