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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000009589 (9)

OUT OF THE PARK, INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR 16 AMII: 11

Principal Place	e of Business	Mailing Address	ailing Address		
550 N REO ST		550 N REO ST			
SUITE 200		SUITE 200			DO NOT INDITE IN THIS COACE
TAMPA FL 33609		TAMPA FL 33609			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					02/06/1995
2. Principal Place of Business		2s. Mailing Address			4. FEI Number Applied For
21		26			65-0555519 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
Zip Country		28 	Zip Country		Trust Fund Contribution Added to Fees
24	harmy harmy harmy		30	i iii y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent			30]		10. Name and Address of New Registered Agent
KADOW, JOSEPH J				81 Namo	
550 N REO ST			-	82 Street Ad	ndress (P.O. Box Number is Not Acceptable)
SUITE 200				oz Sirbei Au	driess (F.O. Box Number is Not Acceptable)
TAN			83		
			}	84 City	■■ 85 Zip Code
				.	FL '
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered as			Agent signature req	quired when reinstating) DATE
12.	DSP OFFICERS AF	ND DIRECTORS DELETE	13. 1,1 101		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	SULLIVAN, CHRIS T		1.2 NA		4000024967949
STREET ADDRESS	550 N REO ST SUITE 200			HEET ADDRESS	-04/24/9801/006004
CITY-ST-ZIP	TAMPA FL			Y-SI-ZIP	7/ -04/24/9801006004 ****150.00 ****150.00
TITLE	<u> </u>	DELET E	2 1 TIT		Change Addition
NAME			2.2 NA	Mf	1
STREET ADDRESS			2.3 \$16	REFT ADDRESS	4/1/ /00/
CITY-ST-ZIP		~	2. 4 Ci	IY-ST-ZIP	4(6)93
TITLE		☐ DELETE	3.1 TIT	l E	Change Addition
NAME			3.2 NA	ME	
STREET ADDRESS			3.3 STF	REET ADDRESS	
CITY-ST-ZIP		T ociere		Y-ST-ZIP	
TITLE		L DELETE	4.1 TITI		L Change L Addition
NAME STREET ADDRESS			4. 2 NA		
CITY-ST-ZIP				IFET ADDRESS	
TITLE		☐ DELET E	5.1 THI	Y-ST-ZIP	Change Addition
NAME		hand oversey	5.2 NA		Er onange Er Audition
STREET ADDRESS				EE1 ADDRESS	
CITY-ST-ZIP				Y - S1 - ZIP	
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITE		Change Addition
NAME			6.2 NA	AE	
STREET ADDRESS			63 STR	EE1 ADDRESS	
CITY-ST-ZIP			6 4 CIT	Y-ST-7IP	
44 Ibandona	and the same of th				

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 of supplier dutal 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 that security 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 that security ment with an address.

Block 12 or Block 13 if changed an open authorized with an address.