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

FILED Mar 26 1998 8:00am Secretary of State

	MENT # P950 BROS. INC.	0001	1883 (2))			18 (188) 18(1) 18(1) 18(1) 18 (188) 18(1) 18(1) 18(1)
Principal Place of Business Mailing Address					- I HOUSEAU IID (DIEG BRIEF GANN DOUN CON CON BUILD HEAD FIRM FORES IN 1995 FINE FINE FORE		
6112 28TH ST E 7350 S. TAMIAMI TRAIL BRADENTON FL 34203 SARASOTA FL 34231 US				IL STE 116		DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
2. Principal P	lace of Business	20.	Mailing Address			02/10/1995 4. FEI Number	Applied For
21				301000		65-0557990	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	<u></u>	27				U Stillious St States Booked	Fee Required
City & State	e	28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		(ip	Cou	ntry	8. This corporation owes or has paid the cu	
24	25	29		30			Yes No
	9. Name and Address of Cu ECK, PAUL W	irrent Regista	red Agent		B1 Name	10. Name and Address of New Registered	Agent
	rasota fl 34231				84 City	FL	
SIGNATURE	Signature, typed or printed name of registere	ed agent and tille if	applicable (NC			rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap	
12.		AND DIRECT		13.		ADDITIONS/CHANGES TO OFFICERS AN	
NAME STREET ADDRESS CITY-ST-ZIP	DPT FLECK, PAUL W -7507 SO. TAMIAMI TRAIL SARASOTA FL	STE 116	DELETE				Change Addition
TITLE NAME STREET ADDRESS	DPS FLECK, PATTI JO 7507 SO. TAMIAMI TRAIL	STE 116	DELETE	T	ME REET ADDRESS		Change Addition
CITY-ST-Z#P	SARASOTA FL		DELETE		TY-ST-ZIP		Change Addition
TITLE NAME			T DETER	3.1 TH 3.2 NA			Chands Chybride
STREET ADDRESS					REET ADDRESS		
CITY-ST-ZIP					TY-ST-ZIP		
TITLE			DELETE	4.1 TIT			Change Addition
NAME				4. 2 N	IME .		
STREET ADDRESS				4.3 STI	REET ADDRESS		
CITY-ST-ZIP				4.4 CIT	Y-ST-ZIP		<u></u>
TITLE			☐ DELETE	5.1 TIT	LE		Change Addition
NAME				5.2 NA	ME		
STREET ADDRESS				5.3 ST	REET ADDRESS		

14. I hereby 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 suppliemental 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 of the receiver or trustee 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.

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

last W. Hol

< 3/18/98 × 941-727-1700

☐ Addition