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

PROFIT CORPORATION ANNUAL REPORT

1998

**DOCUMENT #** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

2010000 (0)

## FILED Apr 30 1998 8:00am Secretary of State

1, Corporatio		JO 13223 ( <del>9</del> )				
Principal Plac	e of Business	Mailing Address				
C/O R.H. KESSEL 702 NORTH FRANKLIN STREET TAMPA FL 33602		C/O R. H. KESSEL P.O. BOX 111 TAMPA FL 33601-0111			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
					02/16/1995	
2. Principat P	Place of Business	2a. Mailing Address		<del></del>	4, FEI Number	Applied For
21	26				59-3304241	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	θ	City & State			6. Election Campaign Financing	\$5.00 May Be
23		26			Trust Fund Contribution	Added to Fees
Zip 24 33602	2-4418 Country U.S.	7ір <b>29</b>	Cour	U.S.		Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	gent
	DEVITT, S M		[*	81 Name		
702 NORTH FRANKLIN STREET TAMPA FL 33602			ļ.	82 Street Address (P.O. Box Number is Not Acceptable)		
			ļ.	83		
			Ι'	03		
			Ī	B4 City		85 Zip Code
Ad Director to the continuous of Continuous Control of				FL 65 2 P Code		
office or r	registered agent, or both in the State of females with and account the obligation	of Florida, Such change was stions of Section 607,0505, F	authorized	by the corpo	corporation submits this statement for the purpose of coration's board of directors. Thereby accept the appo	intment as registered
SIGNATURE	Signature typed or printed name of registered ago					
12.	OFFICERS AND	the second secon	13.	Agent signature ri	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	DELETE	1.1 1111	.E	NODITIONAL PROCESSION AND	Change Addition
NAME	KOSTORYZ, J A		1.2 NAM	At I	-	
STREET ADDRESS	702 NORTH FRANKLIN STREE	T	1.3 STR	ETT ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602	•	1.4 CIT	Y-SI-ZIP		]5
TITLE	TO	DELETE	2 1 111	.£		Change
NAME	OAK, A D		2 2 NAM	AE	G. L. Gillette	-
STREET ADDRESS	702 NORTH FRANKLIN STREE	T	23 STR	EET ADDRESS	07 27 0222000	
CITY-ST-ZIP	TAMPA FL 33602		2 4 CIT	Y - S1 - ZIP		
TITLE	D	DELETE	3 1 1)TL	E	S/D	X Change Addition
NAME	KESSEL, R H		3.2 NAM	AE	-, -	<u> </u>
STREET ADDRESS	100 11011111111111111111111111111111111		3 3 STR	EFT ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602			Y-ST-ZIP		
TITLE		L_] DELETE	4 1 TH	1	l	Change Addition
NAME			4 2 NA	ME		
STREET ADDRESS			4 3 STR	FET ADDRESS		
CITY-ST-ZIP		DEFE		Y-ST-ZIP		Tours 17 12200-
TITLE		☐ DELETE	5 1 TITL	1	L	☐ Change ☐ Addition
NAME			5 2 NAN	l		
STREET ADDRESS				TET ADDRESS		4.30
CITY-ST-ZIP		DELETE		7-S1-ZIP	90000250672	Thispes Addition
TITLE		ר וויינינונ	6.1 TITL		90000250672 -04/30/9801036010	
NAME			6 2 NAN		***1050.80	
STREET ADDRESS				FET ADDRESS	***************************************	
CITY-S1-ZIP	certify that the information supplied wi	th this filma does not qualify:		r-ST-ZIP	d in Section 119 07/3)(i). Florida Statutes, I further cert	ify that the information

4. 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 this corporation on the righter or testode empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or an adaptment of the righter of the corporation.