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PROFIT
CORPORATION
ANNUAL REPORT

1998

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STREET ADORESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000021948 (1)

TASKER FAMILY CORPORATION

Principal Place of Business Mailing Address 1255 GULF SHORE BLVD. NORTH 1255 GULF SHORE BLVD. NORTH DO NOT WRITE IN THIS SPACE NAPLES FL 33940 NAPLES FL 33940 3. Date Incorporated or Qualified 03/16/199<u>5</u> 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0567062 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GORDON, BRUCE H SHUMAKER, LOOP & KENDRICK Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD., #2500 **TAMPA FL 33802** 84 City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered against and thin if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE NAME TASKER, EDWIN M 1.2 NAME 1255 GULF SHORE BLVD., N., #1-N STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33940 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 2.1 TITLE **ELWELL, SARA T** NAME 2.2 NAME 1135 ASBURY AVE. STREET ADDRESS 2.3 STREET ADDRESS **EVANSTON IL 60202** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE TASKER, JEREMIAH B NAME 3.2 NAME 3157 CRAYTON RD. STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL 33940 CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CFTY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME

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 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 correction or 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 charged or on an attachment with an address.

SIGNATURE:

SIGNATURE:

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP