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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business 826 LUMB LANE PORT RICHEY FL 34668 2. Principal Place of Business 2. Mining Address 2. Mining Address 2. Mining Address 3. Date Incorportated or Qualified 3. O2/29/1995 3. Date Incorportated or Qualified 3. Date Incorportated or Qualifi		MENT # P9500	0025829 (9))		
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DE CANIO, DORIS 9028 LUNAR LANE PORT RICHEY FL 34688 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 director's. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered spent if an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Supathure, upaged represent agent and site a septication. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OGASSMANN, WALTER 9028 LUNAR LANE 9028 LUNAR L	24			30		
9028 LUNAR LANE PORT RICHEY FL 34688 82 Street Address (P.O. Box Number is Not Acceptable) 83			ut Hedisteten Waeut	81 Name	10. Name and Address of New Negisters	id Agent
PORT RICHEY FL 34668 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0002 and 607 1508. Florids Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such change was submored by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the purpose of changing its registered agent. And accept the obligations of, Section 607, 3605, Florids Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL D OFFICERS AND DIRECTORS 1 1.1 MILE QASSMANN, WALTER 1.2 ITILE QASSMANN, WALTER 1.3 ITILE QASSMANN, WALTER 1.3 ITILE QASSMANN, ROSEMARIE 2.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP DOT DILETE 3.1 TILL QASSMANN, ROSEMARIE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TILL QASSMANN, ROSEMARIE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TILL QASSMANN, ROSEMARIE 3.3 STREET ADDRESS CITY-ST-ZIP TILL QASSMANN, ROSEMARIE 3.3 STREET ADDRESS CITY-ST-ZIP TILL QASSMANN, ROSEMARIE 3.4 CITY-ST-ZIP TILL QASSMANN, ROSEMARIE 3.5 STREET ADDRESS CITY-ST-ZIP TILL QASSMANN ACTIVES TO THE CITY STREET						
B3 B4 City FL B5 Zip Code				82 Street Add	fress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	''	NI MONET IL 34000		83		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	ļ			121 0		
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 agent and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of imposed agent and the implication. INOTE Required Agent eignature required when reinstating) DATE				84 City	F	L B5 Zip Code
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6.4 CITY - ST - ZIP 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 corporation or the receiver or trustee empowered to execute this replacement 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.