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

**PROFIT** CORPORATION **ANNUAL REPORT** 



## Sandra B. Mortham

May 19 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	A BUILDING & LANDSCAPIN  e of Business  PRIVE	Mailing Address 1307 BOGIE DRIVE TAMPA FL 33613			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
2. Principal Pl	lace of Business	2a, Mailing Address				<b>07/01/1995 4.</b> FEI Number		Applied For
21		26				59-3326048		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
22		27				5. Cermicate of Status Desired	Fee	Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		00 May Be ad to Fees
Zip	Country	Zip	Count	try		8. This corporation owes or has paid the co		
24 25		29				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
e, Name and Address of Current Registered Agent				31 N	Name	10. Name and Address от Ivew первые	Agent	
	ND <b>er</b> s, Susan M 17 <b>Bo</b> gie Drive							<del></del>
TAMPA FL 33613				32 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
;	·		Ľ	53				
				- [	City	Fl		ip Code
SIGNATURE	to the provisions of Sections 607,0500 ogistered agent, or both, in the State on familiar with, and accept the obligations between the obligations of the section of the se					oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing pointment	j its registered as registered
12.	OFFICERS AND		13.	-		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1 ) THUE	F			Change	e 🔲 Addition
NAME	<b>SAN</b> DERS, SUSAN M		1.2 NAM	1E				
STREET ADDRESS	1307 BOGIE DRIVE		13 STRE		l			
CITY-ST-ZIP	TAMPA FL 33613	DELETE	1.4 CITY-ST-ZIP		IP.		Chann	
TITLE NAME			DELETE 2.1 TITLE 2.2 NAME				☐ Change	e <b>Addition</b>
STREET ADDRESS			1		notee			
CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE		.11		Change	e Addition
NAME			3 2 NAM	3.2 NAME				_
STREET ADDRESS	ADDRESS		3.3 STREET ADDRESS		ORESS			
CITY-ST-ZIP	Y-ST-ZIP		3.4. CITY - ST - ZIP		ib.			
TITLE		☐ DELETE 4:		4.1 TITLE		1	Change	e Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STRE	EET ADO	DRESS			
CITY+ST-ZIP	DELETE			4.4 CITY - ST - 7IP			T 05	1 14200
TITLE			5.1 T(TLE				Change	e Addition
NAME OTOTET LEBESSES			5.2 NAM					
STREET ADDRESS			5.3 STRE					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE		IP		☐ Change	e Addition
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRE		DRESS			

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 logal effect as if made under oath; that I am an officer or direction 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, if on an attackment with an address.