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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

CITY-ST-ZIP



FLORIDA **DEPARTMENT** OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

30

DOCUMENT # P95000056199 (9)

Country

9. Name and Address of Current Registered Agent

25

TALLAHASSEE FL 32301-2525

1201 HAYS STREET

CORPORATION SERVICE COMPANY

JESSE LORE ENTERPRISES, INC.

28

29

2a. Mailing Address

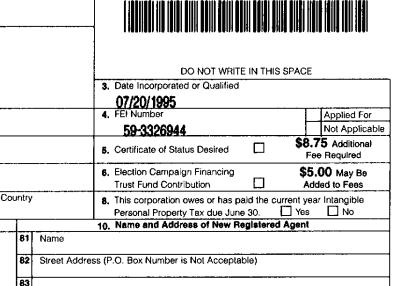
City & State

Zip

Suite, Apt. #, etc.

FILED Mar 04 1998 8:00am Secretary of State

Zip Code



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 Slate 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition **PVST** 1.1 TITLE TITLE LORE, JESSE D SR. 1.2 NAME NAME 13611 OLD FARM DRIVE 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33625** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Channe TITLE 2.1 TITLE NAME LORE, STEPHANIE 2.2 NAME STREET ADDRESS 12088 ANDERSON RD., #129 2.3 STREET ADDRESS **TAMPA FL 33625** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET 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 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 occurrence 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 article in the occurrence of the corporation of the occurrence of the corporation or the occurrence of the corporation of the occurrence of the corporation of the occurrence occurrence of the occurrence occur