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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1998 8:00am

Sandra B. Mortham

ANNUAL REPORT 1998			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			DNS	Secretary of State
	MENT On Name OA APPRAIS		50000591 DISSULTING OF TA	• •)		
,	e of Business		-	Mailing Address			
928 ALLEGRO APOLLO BEA				928 ALLEGRO LANE APOLLO BEACH FL 33572			
บร			US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
							07/28/1995
	lace of Busine	ess	2a, Maitu 26	ig Address			4. FEI Number Applied For
Sulte, Apt.	#, elc.			Suite, Apt. #, etc.			59-3331947 Not Applicable 5. Certificate of Status Desired
22			27				5. Certificate of Status Desired Fee Required
City & Stat	te		28	& State	1		6. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip 24	-	Country 5	7(p		Country 30		S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
		The state of the s	of Current Registered	Agent			10. Name and Address of New Registered Agent
RICHARD L PHAGAN					81	Name	
	928 ALLEGRO LANE APOLLO BEACH FL 33572					Street Add	dress (P.O. Box Number is Not Acceptable)
A.F.	OLLO DENO	11 FL 33372	•		83		
					84	City	B5 Zip Code
11. Pursuant office or i	to the provision	ons of Section	ns 607.0502 and 607.150 in the State of Horida. Su)8, Florida Stati ch change was	utes, the above authorized by	named cor the corpora	reporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
), and accep	t the obligations of, Sect	ion 60 7.050 5, f	Torida Statutes		
SIGNATURE	Signatura, typed o		registered agent and title if applic			nt signature requ	uired when reinstating) DATE
12.	D	OLY	ICERS AND DIRECTORS	DELETE	13. 1.1 TIFLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME		RICHARD			12 NAME		
STREET ADDRESS		GRO LANE			1.3 STREET	address	
CITY-ST-ZIP	APOLLO	BEACH FL		DELETE	1.4 C(TY-S) 2.1 T(TLE	- ZIP	Change Addition
NAME					2.2 NAME	ļ	Change Addition
STREET ADDRESS					2.3 STREET	ADDRESS	
CITY+ST-ZIP	10.0			DELETE	2. 4 CITY-S	T - ZIP	E Over E Addition
TITLE 4	Ĭ. `		·•·	DELETE	3.1 TITLE 3.2 NAME		J Change
STREET ADDRESS					3.3 STREET	ADDRESS	
CITY-ST-ZIP			\		3.4. CITY-S	T-ZIP	
TITLE				DELETE	4.1 TITLE	- 1	☐ Change ☐ Addition
NAME STREET ADDRESS			X		4 2 NAME 4 3 STREET	ADDRESS	
CITY-ST-ZIP					4.4 CiTY-ST		
TITLE		/	/-	DELETE	5.1 TITLE		Change Addition
NAME CTREET ANDRESS			\		5.2 NAME	ADDRESS	
STREET ADDRESS CITY-ST-ZIP			`		5.4 CITY-ST	1	
TITLE		<i></i>		PETELE	6.1 TITLE		Change Addition
NAME					6.2 NAME		
STREET ADDRESS				\	6.3 STREET A	- 1	
CITY-ST-ZIP 14. I hereby	certify that the	information s	supplied with this filing d	nes not qualify	6.4 CITY-ST for the exempt	on stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or	director of the	corporation	pplemental annual repor or the receiver or trusted on an attachment with a	empowered to	ecurate and that execute this r	it my signal eport as rec	ture shall have the same legal effect as if made under oath; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in