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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000059643 (3)

## **FILED** Mar 27 1998 8:00am Secretary of State

| Suite, April #, etc.  22   | ACCURA   | TE MAR                      | IINE SURV  | eying, in        | IC.      |                   |             |         |           |                            |  |
|--|--|-----------------------------|--|------------------|----------|-------------------|-------------|---------|-----------|----------------------------|--|
| Pincipal Place of Business ST. PETERSBURG R. 33710  2. Pincipal Place of Business St. PetersBurg R. 33710  2. Pincipal Place of Business St. PetersBurg R. 33710  3. Date Incorporated or Qualitied DB/01/1985  4. Fet Number DB/01/1985  4. Fet Number DB/01/1985  5. Date Incorporated or Qualitied DB/01/1985  6. Certificate of Basias Desired Incorporated or Qualitied DB/01/1985  6. Certificate of Basias Desired Incorporation owns or has paid the current Provided Prov |  |                             |  |                  |          |                   |             |         |           |                            |  |
| ST. PETERSBURG FL 33710  S. DO NOT MRITE IN THIS SPACE.  2. Principal Place of Business   2a. Mailing Address   3. Date incorporated or Qualified   08/01/1985   2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied Fcr.   2. Suite, Apt. #, etc.   Suite, Apt. #, | Principal Place  | of Busines                  | H AVE N ST. PETERSBURG FL 33710  Be of Business  2a. Mailing Address 26  Suite, Apt. #, etc. 27  City & State 28  Country 25  29  30  Quantific Country 25  29  Name and Address of Current Registered Agent  DELLI, CHRISTOPHER C ESQ.  DARTMOUTH AVE N  TTERSBURG FL 33710  The provisions of Sections 607.0502 and 607.1508, Florida Statutes, the all steroid agent, or both, in the State of Florida. Such change was authorize amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the all steroid agent, or both, in the State of Florida. Such change was authorize amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the all steroid agent, or both, in the State of Florida. Such change was authorized amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the all steroid agent, or both, in the State of Florida. Such change was authorized amiliar with, and accept the Obligations of, Section 607.0505, Florida Statutes, the all steroid agent, or both, in the State of Florida. Such change was authorized amiliar with, and accept the Obligations of, Section 607.0505, Florida Statutes, the all steroid agent, or both, in the State of Florida. Such change was authorized amiliar with, and accept the Obligations of, Section 607.0505, Florida Statutes, the all steroid agent, or both, in the State of Florida. Such change was authorized amiliar with, and accept the Obligations of the State of Florida. Such change was authorized amiliar with, and accept the Obligations of the State of Florida. Such change was authorized amiliar with, and accept the Obligations of the State of Florida State of Florida. State of Florida State of F |                  |          |                   |             |         |           |                            | -  |
| 2. Principal Place of Business   2a. Mailing Address   4. FER Number   Applied For   28   11   28   4. FER Number   Applied For   29   29   29   27   5. Country   29   5. Country   20   7. Fee Required   20   21   25   25   26   20   20   20   20   21   20   20   20   20   20   20   22   20   20   | 6522 DARTMOU   | TH AVE N                    |  |                  | 65       | 22 DARTMOUTH AV   | E N         |         |           |                            |  |
| ## Principal Place of Business   2x Marking Address   4x Fit Number   Application   Application   Sp. 3334010   No. Application   No. Application   Sp. 3334010   Sp. 3344010   Sp. 3344 |  |                             |  |                  |          | 33710             | )           |         |           | DO NOT WRITE IN THIS SPACE |  |
| 2. Principal Piace of Business   2a. Maling Address   5.   5.   5.   3334010   Not Applicable   Suits Apt. #, etc.   5.   Suits Apt. #, etc.   27   Country   City & State   City & City & State   City    |  |                             |  |                  |          |                   |             |         |           |                            | 3. Date Incorporated or Qualified  |
| Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   |  | Principal Place of Business |  |                  |          |                   |             |         |           |                            |  |
| Suitc, Apt   F. etc.   F.    | 2. Principal Plac  | ce of Busin                 | ness   |                  | 28.      | Mailing Address   |             |         |           |                            | 1.75   |
| City & State    City & State   City & State   City & State     City & State     City & State     City & State     City & State     City & State     City & State     City & State     City & State     City & State     City & State     City & State     City & State     City & State     City & State     City & State     City & State     City & State   City & State     City & State     City & State     City & State     City & State  | 21   |                             |  |                  |          |                   |             |         |           |                            |  |
| City & State    City & State   | <del></del>  |                             |  |                  | <b>—</b> |                   |             |         |           |                            |  |
| 28   Country   Zip   Country   Zip   Country   B. Thus Fund Contribution   Added to Fees     28   Zip   Country   Zip   Country   B. This corporation owers on the paid the current year Integration     30   Similar and Address of Current Registered Agent   Tour Fund Contribution   Added to Fees     30   Similar and Address of New Registered Agent   Tour Fund Contribution   Added to Fees     30   Similar and Address of New Registered Agent   Tour Fund Country to account year Integration  | City & State   |                             |  |                  |          |                   |             |         |           | <del></del>                |  |
| Zip   Country   Zip   Sol      | <del></del>  |                             |  |                  |          |                   |             |         |           |                            |  |
| 28   |  |                             |  |                  |          |                   |             | ,       |           |                            |  |
| RAMSDELL, CHRISTOPHER C ESQ. 6522 DARTMOUTH AVE N ST. PETERSBURG FL 33710  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Forda. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and the provisions of Section 607 0505, Florids Statules, the above-named corporation submits this statement for the purpose of changing its registered agent agent and the provisions of Section 607 0505, Florids Statules, the above-named corporation submits this statement for the purpose of changing its registered agent  | 24   |                             |  |                  |          |                   | 30          |         |           |                            |  |
| ## RAMADULE, CHRISTOPHER C  ## PAASSELL, CHRISTOPHER C  ## ST. PETERSBURG FL 33710  ## B2 Stroot Address (P.O. Box Number is Not Acceptable)  ## B2 Stroot Address (P.O. Box Number is Not Acceptable)  ## B3  | g, Name and Address of Current   |                             |  |                  |          |                   |             |         |           |                            | 10. Name and Address of New Registered Agent   |
| ST. PETERSBURG FL 33710  83  City FL St Zip Code  11. Pursuant to the provisions of Sociains 607 0502 and 607 1508. Florida Statules, the above named corporation submits this statement for the purpose of changing its registered agent Lam familiar with, and accept the obligation of, Sociain 607 0505, Florida Statules.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P AMSDELL, CHRISTOPHER C  STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  2 ITTILE  2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN  |  |                             |  |                  |          |                   |             | 81      | Nam       | 0                          |  |
| 11. Pursuant to the provisions of Soctions 607.0502 and 607.1509. Florida Statutes, the above-named corporation submits this statement for the purpose of Changing list registered agent. I am familiar with, and accorpt the obligations of, Soction 607.0505, Florida Statutes, the above-named corporation's board of directors, i hereby accept the appointment as registered agent. I am familiar with, and accorpt the obligations of, Soction 607.0505, Florida Statutes.  SIGNATURE    Signature   Signatu |  |                             |  |                  |          |                   |             | 82      | Stree     | t Addres                   | ess (P.O. Box Number is Not Acceptable)  |
| 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statules, the above-named corporation's board of directors. I hereby accept the purpose of changing list registered agent. I am familiar with, and accept the obligations of, Soction 607 0505, Profida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Socioticn 607 0505, Profida Statules, The familiar with, and accept the obligations of, Socioticn 607 0505, Profida Statules, Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Socioticn 607 0505, Profida Statules, Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Socioticn 607 0505, Profida Statules, Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Socioticn 607 0505, Profida Statules, Thereby accept the appointment as registered depends on the provisions of the appointment as registered agent. I am familiar with, and accept the obligations of the provisions of different and accept the obligations of the appointment as registered agent. I am familiar with a supplied the appointment as registered agent. I am familiar with a supplied the appointment as registered agent. I am familiar with a supplied the appointment as registered agent. I am familiar with a supplied the appointment as registered agent. I am familiar with a supplied to the appointment as registered agent. I am familiar with a supplied the appointment as registered agent. I am familiar with a supplied agent. I am familiar with a supplie | ST. P  | ETERSBU                     | URG FL 337   | 10               |          |                   |             | 63      |           |                            |  |
| 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508. Floridas 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 Soction 607.0505, Floridas Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. OFFICERS AND DIRECTORS IN 12.  17. ITILE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFF |  |                             |  |                  |          |                   |             |         |           |                            |  |
| SIGNATURE   Signature tryst of premier range apera and lake if applicable   (NOTE Registered Agent signature required when rentalising)   CATE     12.   |  |                             |  |                  |          |                   |             | 84      | City      |                            | FL 85 Zip Code   |
| SIGNATURE   Signature tyred of personal number of regulations agend and lated it applications   19.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   19.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12.   NAME   Change   Addition   Ad   | 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both in the State of Florida, Such change was authorized. |                             |  |                  |          |                   |             | pove    | e-name    | d corpo                    | pration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered |
| 12   | agent. I am  | familiar wi                 | th, and accep  | t the obligation | ons of   | Section 607.0505, | Florida Sta | tutes   | 8.        | <b>-</b>                   | ,  |
| 12.  |  |                             |  |                  |          | 4 1               | OT DESIGN   |         |           |                            | DATE   |
| TITLE  |  | gnalure, lyped              |  |                  |          |                   |             | o Age   | en signan | me requied                 |  |
| STREET ADDRESS   \$522 DARTMOUTH AVE N   13 STREET ADDRESS   14 GITY- ST-ZIP   |  | P                           |  |                  |          |                   |             | ITLE    |           |                            |  |
| STREET ADDRESS   \$522 DARTMOUTH AVE N   13 STREET ADDRESS   14 GITY- ST-ZIP   | NAME   | RAMSDE                      | ELL. CHRIST  | OPHER C          |          |                   | 1.2 N       | IAME    |           |                            |  |
| TITLE  | STREET ADDRESS 6522 DARTMOUTH AVE N  |                             |  | 1.3 \$           |          |                   | TREET       | ADDRESS | S         |                            |  |
| NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | CITY-ST-ZIP  | ST. PET                     | ersburg f  | L 33710          |          |                   | 140         | ITY-S   | ST-ZIP    |                            |  |
| STREET ADDRESS   2 3 STREET ADDRESS   2 4 CITY-ST-ZIP  | TITLE  |                             |  |                  |          | ☐ DELETE          | 2.1 T       | ITLE    |           | ŀ                          | ☐ Change ☐ Addition  |
| CITY-ST-ZIP  | NAME   |                             |  |                  |          |                   | 221         | IAME    |           |                            |  |
| TITLE  | STREET ADDRESS   |                             |  |                  |          |                   | 235         | TREET   | ADDRESS   | S                          |  |
| NAME   |  |                             |  |                  |          | T pricite         |             | _       | ST-ZIP    |                            | Change   Addition  |
| STREET ADDRESS         33 STREET ADDRESS           CITY-ST-ZIP         34.CITY-ST-ZIP           NAME         41 TITLE         Change         Addition           NAME         4.2 NAME  |  |                             |  |                  |          | ☐ DELETE          | 1           |         |           |                            |  |
| STREET ADDRESS   STRE   | i  |                             |  |                  |          |                   |             |         | , VUDDEC  |                            |  |
| TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME   | į.   |                             |  |                  |          |                   |             |         |           | 1                          |  |
| NAME   |  |                             |  |                  |          | DELETE            |             |         | 51 - ZIF  |                            | Change Addition  |
| STREET ADDRESS   |  |                             |  |                  |          |                   |             |         |           |                            |  |
| CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         STREET ADDRESS<   |  |                             |  |                  |          |                   |             |         | ADDRESS   | s                          |  |
| TITLE         DELETE         51 TITLE         Change         Addition           NAME         52 NAME         52 NAME         STREET ADDRESS         CITY-ST-ZIP         53 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         61 TITLE         Change         Addition           NAME         62 NAME         Change         Addition           STREET ADDRESS         63 STREET ADDRESS         Change         Change  |  |                             |  |                  |          |                   |             |         |           |                            |  |
| STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS         6.3 STREET ADDRESS  |  |                             |  |                  |          | ☐ DELETE          |             |         |           |                            | ☐ Change ☐ Addition  |
| CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS         6.3 STREET ADDRESS   | NAME   |                             |  |                  |          |                   | 5.2 N       | IAME    |           |                            |  |
| TITLE         DELETE         61 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS  | STREET ADDRESS   |                             |  |                  |          |                   | 5.3 S       | TAEET   | ADDRESS   | s                          |  |
| NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS  | CITY-ST-ZIP  |                             |  |                  |          |                   | 5.4 0       | ITY-S   | T-ZIP     |                            |  |
| STREET ADDRESS 6.3 STREET ADDRESS  | TITLE  |                             |  |                  |          | L] DELETE         | 6.1 T       | ITLE    |           |                            | ☐ Change ☐ Addition  |
|  | NAME   |                             |  |                  |          |                   | 6.2 N       | IAME    |           |                            |  |
| DITU OT TID  | STREET ADDRESS   |                             |  |                  |          |                   |             |         |           | 3                          |  |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 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), Floride Statutes. I further certify that the information  | CITY-ST-ZIP  | . <b>(Z</b> . at e)         | - :-4 **   |                  | ALI Y    |                   |             |         |           |                            | Castles 440 07(2)(1) Florido Clatudos 14 other and 4 that the  |

indicated on this annual report or supplied with this ning does not quality for the exemption stated in Section 1.19-07(3)(), Florida Statutes. Floride the find find indicated on this 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 roceivor 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, or on an attachment with an address.