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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporati	IMENT # P9500 WARD VENTURES INC.	00078751 (1	')					
Principal Pla	co of Business	Mailing Address			 	—[AT HONG HODGE O	
6701 HARBOR VIEW WAY TAMPA FL 33615		6701 HARBOR VIEW WAY TAMPA FL 33615		DO NOT WRITE IN THIS	SPACE			
						3. Date Incorporated or Qualified		
2. Principal I	Place of Business	2a, Mailing Address				10/10/1995 4. FEI Number		pplied For
1		26	<u> </u>			65-0612673	Not Applicable	
Suite, Apt	t #, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired		Additional
City & Sta	210	City & State	···					ednited
13	nto	28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zφ	Co	untry	/	8. This corporation owes or has paid the cu		
4	25	29	30					□No
	9. Name and Address of Curr	ent Registered Agent		B1	Name	10. Name and Address of New Registered	Agent	· · · · · ·
COPE, SCOTT					Name	·		
6701 HARBOR VIEW WAY				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
I.A	MPA FL 33815			83				
				84	Öib.		at Zin	Code
					City	FL	85 Zip	Code
SIGNATURE	Signature typed or printed name of registered (egen) and little if applicable	(NOTE: Registere			coration submits this statement for the purpose of the purpose of the points board of directors. I hereby accept the appropriate the purpose of the purpose		
12. Tiflé	T n	ND DIRECTORS DELETE	13. 1.1 T	TEF		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	COPE, SCOTT	LJ beer it	1	IAME			C.2 Orlango	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615		1.40	::TY-5	ST-ZIP			
TIFLE	D	DELETE	211	ITLE			Change	Addition
3MAN	COPE, DEBORAH A		22 N					
STREET ADDRESS	4.41.124.241.1121.1111				ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615	DELETE			ST-ZIP			☐ Addition
				TIF			Change	
		ر الانداد	1	ITLE	1		Change	
NAME		C DECEIE	3.2 N	IAME	ADDRESS		Change	
IAME Street address		C Dettile	3.2 N 3.3 S	IAME STREET	ADDRESS		Change	
UAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.2 N 3.3 S	IAME STREET CITY-S	F ADDRESS ST- ZIP		Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.2 N 3.3 S 3.4 C 4 1 T	IAME STREET CITY-S	1			Addition
namf Street address City-St-Zip Title Name			32 N 3.3 S 3.4 C 4 1 T 4. 2 I	IAME STREET CITY-S ITLE NAME	1			
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14. Thereby 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, open an attachment with an address.

6.2 NAME

6 3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

FILED

Apr 21 1998 8:00am

Secretary of State