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

	MENT # P95000 THS & WANKLYN, INC.	0079227 (1)				888 888 1188 ISBN 1		
Principal Plac	e of Business	Mailing Address			(IDOURDI IN IDNA TINI DEN DENN DENN DENN DENN DENN DENN DE	MOTO SOTTO TIDIO ESOST D	401 1141	
15310 AMBERLY DRIVE		15310 AMBERLY DRIVE						
SUITE 190		SUITE 190			DO NOT WRITE IN TH	IS SPACE		
TAMPA FL 33	847	TAMPA FL 33647			3. Date Incorporated or Qualified	O O AOL		1
					10/16/1995			
2. Principal F	Place of Business	2a. Mailing Address		**	4. FEI Number	Appl	lied For	1
21		[26]			59-3339508	Not /	Applicable]
Suite, Apt.	#, elc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad		Ì
22		[27]				Fee Requ	ulred	1
City & Stat	le .	City & State			6. Election Campaign Financing	\$5.00 м		
23 Zip		28	Country		Trust Fund Contribution	Added to		┨
24	Country 25	29 3	0	•	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intan		
491	g. Name and Address of Current	. I	101		10. Name and Address of New Registers		140	1
TH	E PRENTICE-HALL CORPORATION		81	Name				1
	01 HAYS STREET	1 OTOTEM, MO.	82	Ctroot A	Address (P.O. Box Number is Not Acceptable)			1
SUITE 105			02	י אומפוור	radiess (F.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301			83					1
1			84	City		. 85 Zip Co	nde -	┧
				Ī -	F	LI		
agent la	to the provisions of Sections 607.050? registered agent, or both, in the State 6 im familiar with, and accept the obliga-	Fand 607.1508, Florida Statutes of Florida: Such change was au tions of, Section 607.0505, Flori	, the above thorized by da Statute	e-named of the corp s.	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing its repointment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agen-	t and title if applicable (NOTE)	Registered Age	ent signature r	required when reinstating) DATE	-		١
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	IN 12]§
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition	15
NAME	GRIFFITHS, JULLIAN M		1.2 NAME					15
STREET ADDRESS	15310 AMBERLY DR., #190		1.3 STREFT	ADDRESS				ĮŽ
CITY-ST-7IP	TAMPA FL 33647		1.4 CITY-5	IT-ZIP			1 -4 - 1 - 1 - 1	ؤإ
TITLE	VS	DELLTE	2 1 TITLE		Treasurel, Director	Change	Addition	١
name	WANKLYN, WILLIAM A		2.2 NAME					
STREET ADORESS	15310 AMBERLY DR., #190		2.3 STREET	- 1				1
CITY-ST-ZIP	TAMPA FL 33647	DELETE	2.4 Crty-	SI-ZIP	V P Prototes	L Change	Addition	1
TITLE NAME	JONES, JAMES G	ш инн	31 HILE 32 NAME		V.P., Director	onange (Autuil	
STREET ADDRESS	15310 AMBERLY DR., #190		3 2 NAME.	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33647		3.4. DITY-	1				1
TITLE	V	DELF TE	4 1 TITLE	31-211		Change	Addition	1
NAME	BEATON, DARREL J		4 2 NAME	1				1
STREET ADDRESS	15310 AMBERLY DR., #190		4 3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33647		4.4 CITY - S	ì				1
TITLE	secretary, Dire	Cto/ DELETE	5 1 TITLE			Change	Addition	1,
NAME	しょのくいん あいせかけひん		5 2 NAME					ľ
STREET ADORESS	15310 AMBERLY	DULLE I	53 STREET	ADDRESS			f	
CITY-ST-ZIP	Tampa FL 33	647	54 CITY-S	1 - ZIP				
TITLE		DELETE	6.1 HILE			☐ Change	Addition	1
NAME	1		6.2 NAME	1				1
CTD15* 10001.00	I			4000000				1

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 aurutal report or supplienced around 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 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 15 if changed, or on an attachment with an address.

SIGNATURE

w) (E

Edea Filthland

3/11/28 813-977-216

FILED

Mar 19 1998 8:00am

Secretary of State