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

DOCUMENT # P9500080831 (7)
TRYBUS & WOODWARD, P.A.

FILED Feb 13 1998 8:00am Secretary of State

IHYBU	S & WOODWARD, P.A.										a
Principal Plac	e of Business	Mai	ling Address								
701 W BAY ST 701 W BAY ST TAMPA FL 33606 TAMPA FL 33606											
							DO NOT WRITE IN THIS SPACE				
ĺ							3. Date Incorporated	or Qualified			
9 Principal P	Place of Business		Mailwa Asidraga				10/20/1995			··· · · · · · ·	
21	idde of business		2a. Mailing Address 26				4, FEI Number				oplied For
Suite, Apt.	# etc		Suite Apt. #. etc.				59-3342187				ot Applicable
22		···-	27				Certificate of Statu	us Desired		\$8.75 / Fee Re	
City & State	e		City & State				6. Election Campaig	n Financing		\$5.00	
23		28	28				Trust Fund Contrib	-		Added	
Zip	Country		Zip Country		ry		8. This corporation o	wes or has pa	id the cu		
24	25			30			Personal Property	•			No
	g. Name and Address of Curre	nt Registe	red Agent				10. Name and Addre	ss of New Re	gistered	Agent	
RO	NALD H. TRYBUS			Į8	1 Name	Dn	Unimus G	1130	2	لعيما	
701 W. BAY ST.						Addres	s (P.O. Box Number is	Not-Acceptab		<u>uuq</u>	
∧sui	TE 201				7		w. Bay	<u>7+ · </u>			
AAY I,	MP\AFL336Q6_	U		6	3 17	WW)	6	3360	7/0		
1 1 9 Kg	all A Lichica	\mathcal{U}_{\sim}		<u> </u>	4 City	714/	4, 12	100	<u>س</u> ر	85 Zip (Code
X	anath man								FL	_ `	
office or re	edistered adent, of Dom, in the State	: Or Florida	r Such change was	authorized	ov the con	corpor	ation submits this state	ment for the p	urpose o	of changing it	s registered
agent. La	m tamiliar with land accept the oblig	ations of, t	Section 607.0505, F	lorida Statut	es.		, , , , , , , , , , , , , , , , , , , ,			pointinoit do	, og.s.c.c.
SIGNATURE	ETT CONTROL CONTROL CONTROL	4*4									
12.	Signature typed or printed name of registreed as OFFICERS AN		r	13.	gent signature	required	when reinstating) ADDITIONS/CHANG	SEC TO OFFICE	DATE	D DIDECTOR	0 11 10
TITLE	PDS		DELETE	1.1 TITUE		PW	esident	aca 10 OFFIC	EUS VIA	Change	Addition
NAME	TRYBUS, RONALD H.			1.2 NAM		an	thony G. W	inducat	وا		
STREET ADDRESS	701 W. BAY STREET				ET ADDRESS		W. Bay	St.	_		
CITY-ST-ZIP	TAMPA FL		_	1.4 CITY		17	mm = =	3360	No.		
TITLE	VTD		DELETE	2.1 Title		1 2	1144		<u></u>	Change	Addition
NAME	WOODWARD, ANTHONY G.		•	2.2 NAME						_ •	_
STREET ADDRESS	701 W. BAY STREET			2 3 STRE	ET ADDRESS				40.7		
City-ST-ZIP	TAMPA FL			2 4 CITY	-ST-ZIP						
TITLE			DELETE	3.1 TITLE		İ				Change	☐ Addition
NAME				3.2 NAM						•	
STREET ADDRESS				3.3 STRE	ET ADDRESS						
CITY-ST-ZIP				3.4. CITY	-ST-ZIP						
TITLE			DELETE	4.1 TITLE						Change	Addition
NAME				4. 2 NAM	E						
STREET ADDRESS				4.3 STRE	ET ADDRESS						
CITY-ST-ZIP				4.4 CITY-	ST-ZIP						
TITLE			☐ DELETE	5.1 TITLE]					Change	Addition
NAME				5 2 NAME							
STREET ADDRESS				53 STRE	ET ADDRESS						1
CITY-ST-ZIP				54 CITY							
TITLE			DELETE	61 TITLE						Change	☐ Addition
NAME				62 NAME	- 1						
STREET ADDRESS				6.3 STAE	T ADDRESS						
CITY-ST-ZIP	ortify that the information supplied w	as dia ()		6.4 CITY		-0-0-	-C 440 07/0V0 E	de Oues de la compa			

14. Thereby cortry 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 prize of 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 Laproration or the requiremental 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 Laproration or the requiremental annual report is true and accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if diagraph on an algorithm with an address.

SIGNATURE

18/as

(813-251-220C