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 # P95000085924 (5)

Principal Plac	THE OF BUSINESS	Mailing Address				
STE 165 TAMPA FL 33	E MABRY HWY 1618-2424	13902 N DALE MABRY H STE 165 TAMPA FL 33618-2424	STE 165		DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualified	
<u> </u>					11/08/1995	
<u> </u>	Place of Business	2s. Mailing Address	——————————————————————————————————————		4. FEI Number Applied For	
21 Suite, Apt. #, etc.		26 Suito Ant # ota	Suite, Apt #, etc.		59-3347701 Not Applicable	
22		<u> </u>	27		Certificate of Status Desired Section Section Section Sectio	
City & Star	le	City & State				
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	ry	This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	g, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered Agent	
PA	rkinson, myers w.		8	1 Name		
139	902 N DALE MABRY HWY		8	2 Street	Address (P.O. Box Number is Not Acceptable)	
STI	E 165		Ĺ			
TAI	MPA FL 33618		В	3		
			8	4 City	85 Zip Code	
				1 ' '		
office or i agent. I a					d corporation submits this statement for the purpose of changing its registered rooration's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered			gent signature	re required when reinstating) DATE	
12. TITLE	OFFICERS /	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME			1.1 TITLE		☐ Change ☐ Addition	
STREET ADDRESS 8221 OLD COURTHOUSE RD		OD STE MA	1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP VIENNA VA		10., 315 204				
TITLE	EVPS			ST-ZIP	Change Addition	
NAME	MYERS, W. P	_ steet	2.1 TITLE 2.2 NAME		Change Addition	
STREET ADDRESS 13902 N DALE MABRY HWY, STE 165		V STE 185		T ADDRESS		
CITY-ST-ZIP TAMPA FL		1, 012 100	2.4 CITY	1		
TITLE			3.1 TITLE		Change Addition	
NAME	HUTCHINSON, MARC C		3.2 NAME		Change C Addition	
STREET ADORESS	8221 OLD COURTHOUSE F	ID STE 204		T ADDRESS		
CITY-S1-ZIP	AMPANAS LIA		3.4. CITY	l l		
TITLE		☐ DELETE	4.1 TITLE	- 01-41	Change Addition	
NAME	_		4. 2 NAM	.	- Fredition	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE			5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY - ST - 2IP			5.4 CITY-	1		
TITLE		☐ DELETE	6.1 TITLE		Change Addition	

14. I hereby 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, or on an attachment with an address.

6.3 STREET ADDRESS

6.2 NAME

65. PARKINSON MYBRS SIGNATURE:

NAME

STREET ADDRESS

4/9/98

(813) 960-1006

Apr 15 1998 8:00am

Secretary of State