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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P95000086581 (2)

FILED Feb 05 1998 8:00am Secretary of State

ADAMS	s, BULL & ASSOCIATES, P	'-A-									
Principal Place	e of Business	Mailing Address			_	<u> </u>	81 JULI 1011 BBAH 81				
1 '		-									
3890 TAMPA ROAD 3890 TAMPA ROAD 401											
PALM HARBOR FL 34684 PALM HARBOR FL 34684						DO NOT WRITE IN THIS SPACE					
บร		US				3. Date Incorpora	ted or Qualified				
						11/08/1995 4. FE! Number					
2. Principal P	Place of Business	<u> </u>	2a. Mailing Address							pplied For	_[
21		26			59-334419	97	Not Applicable			e	
Suite, Apt.	#, etc.	Suite, Apt, #, etc.				5. Certificate of St	atus Desired			Additional lequired	
City & Stat		27 City & State								 _	
23	е	,			6. Election Campa	-			May Be		
Zip	Country	28			,	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible					\dashv
24	25	29	30			Personal Property Tax due June 30. Personal Property Tax due June 30.					
	9. Name and Address of Curre					10. Name and Add					┪
ΔĐ	AMS, SUSAN E.			81	Name						\neg
3890 TAMPA RD					Chart	(D.O. D Marsha	ess (P.O. Box Number is Not Acceptable)				
SU			82	Street	ress (P.O. Box Number	is Not Acceptat	oie)			1	
4	LM HARBOR FL 34684			83							╗
	CIN TO TIE OFFICE			_		···			11		_
				84	City			FL	85 Zip	Code	-
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida	Statutes, the	above	a-named	poration submits this st	atement for the p	ourpose of	changing i	its registered	<u>-</u>
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the oblig	e of Fiorida, Such chang cations of Section 607.0	e was authoriz 505. Florida St	ed by	the corp	tion's board of directors	s. I hereby accep	ot the appo	ointment as	registered	
SIGNATURE		gamania an, aaaman ga na						_			1
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Registe	red Age	int signature	red when reinstating)		DATE			
12.		ND DIRECTORS	13			ADDITIONS/CHA	NGES TO OFFIC	CERS AND			_ 9
TITLE	D	☐ DEL	ETE 1.1	TITLE	i				Change	Addition	n
NAME	ADAMS, SUSAN E			NAME							į
STREET ADORESS	3093 BRAELOCH CIRCLE		1.3	1.3 STREET ADDRESS							إ
CITY-ST-ZIP	CLEARWATER FL 34621			1.4 CITY-ST-ZIP							<u> </u>
TITLE	D	. □ DEL	· · · · · · · · · · · · · · · · · · ·	TITLE	<u> </u>				Change	Addition	1
NAME	BULL, TAMMY A			NAME							
STREET ADDRESS					ADDRESS						ĺ
CITY-ST-ZIP	CLEARWATER FL	DELI		CITY-S	ST-ZIP				Change	Addition	\exists
TITLE		רו הנר	- B	TITLE	}				— cuanda	Addition	۱,
NAME				NAME							
STREET ADDRESS					ADDRESS						1
City-St-ZiP		DEL		CITY-S	ST-ZIP				Change	Addition	\dashv
TITLE			1 "	NAME	1			•	ட பவதி	Add/(Jdf)	١.
NAME											
STREET ADDRESS					ADDRESS						
CITY - ST - ZIP		□ DELI		CITY-S'	T- ZIP				Change	Addition	\dashv
TITLE			1		1			i	- originate		. }
NAME				NAME	ADDRESO						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		DELL		CITY-S'	I-ZIP				Change	Addition	\exists
TITLE			1		}				Gliatily¢	CT VOOLUUM	.
NAME PROFEE ADORGO				NAME	*DOGEGG						
STREET ADORESS	•				ADDRESS						
CITY-ST-ZIP		the street of the street of the	6.4	CITY-S	I-ZIP	Casting 110 07/2/0\ E	Incide Chabutan I	Luit as as a	مراك ما المالية	. Information	

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio incloated 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 eath; 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.

813-7848870