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

FILED Mar 31 1998 8:00am Secretary of State

				090562 NCORPORA	-							
Principal Plac	e of Busines	SS		Mailing Addre	ess			THE REPORT OF THE PROPERTY OF THE	H BUHAN BUHAN BU			
3275 NORTHRIDGE DRIVE CLEARWATER FL 34621				CLEARWATER FL STOOLS HENHE RD. 1258 HENHE RD. LAKE ST. Louis Mo 63367								
							DO NOT WRITE IN THIS SPACE					
				1258	3 H*	ENTE N	٠.	3. Date Incorporated of		IN THIS SP	ACE	
				LAKE &	ST. LO	ouis Mo 69	1367	11/27/1995	or Qualified			
2. Principal P	Place of Busin	ness		2a, Mailing Ac	dress			4. FEI Number			A	oplied For
21			:	26			59-3365064			No	ot Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status	Desired		\$8.75		
22				27			S. Sommond or Stands				equired	
City & State			-	City & State			6. Election Campaign			\$5.00		
23 Z _{IP}		Country		28		Country		Trust Fund Contribu			Added	
24		25	-	29		30		8. This corporation ow Personal Property T	•	_		angibie ☑ No
=	g, Name			egistered Agen	nt	1901		10. Name and Address				3,110
WA	ATTS, DELL	RAY				81 Nan	ne 🕇	ERRY	1,)47	TS		
		RIDGE DRIVE				82 Stre	et Addre	ss (P.O. Box Number is N	Int Acceptat	ole) -		
	EARWATER					30	78	12 DIANA	D^{k}	KINE		
						83						
						84 City	CLE	ARWATEI	6	FL	85 2 ^{Zjp}	69° 4
11. Pursuant	to the provis	ions of Section	ns 607.0502 an	nd 607.1508, Fix	orida Sta tut	les, the above-nam	ed corpo	ration submits this statem n's board of directors. I h	ent for the p	ourpose of c	hanging it	ts registered
agent. Fa	registered ag am familiar w	ith, and accept	tafie obligation	iorida. Such ch	nange was a	authorized by the c	orporatio	in's board of directors, it	iereby acce	br me abbon	nument as	registered
			reyo oo gano	is or, section of	U7.USUS, FR	orida Statutes.				_ 1	-11	
SIGNATURE		sel !	x , ω	alls						3/25	198	
		Tor pristed name of	registered agost and	o toto if applicable		E: Registered Agent signa		I when reinstating)		3/25	798	
12.	Signature, type of	Tor pristed name of	x , ω	o tide if applicable IRECTORS		E: Registered Agent signa				3/2 <i>5</i> DATE DERS AND D	798	
	Signature, Type o	To pristed name of a	registered agost and	o tide if applicable IRECTORS	TO /i }	E: Registered Agent signa		I when reinstating)		3/2 <i>5</i> DATE DERS AND D	198 DIRECTOR	RS IN 12
12. TITLE	Signature, type of WATTS,	OF I	registered agost and	o tide if applicable IRECTORS	TO /i }	IE: Registered Agent signa 13. 1.1 TITLE	ture required	I when reinstating)		3/2 <i>5</i> DATE DERS AND D	198 DIRECTOR	RS IN 12
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12. TITLE NAME	D WATTS, 1253 H	DELL RAY ENKE ROAD	registered agent and	Outout applicable IRECTORS	TO /i }	13. 11 TITLE 12 NAME 1.3 STREET ADDRES	ture required	I when reinstating)		3/25 DATE CERS AND C	198 DIRECTOR	RS IN 12
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indicated on this annual report or supplied with this ming over not quality in the exemption stated in Section 1.19.07(3)(1), Florida Statutes. Turner certify that the informatic 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.