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 #

P96000004023 (3)

FILED Jan 26 1998 8:00am Secretary of State

JANG,		, ,						
Principal Place	e of Business	Mailing Address					iil Bibil BB(10 110)	00 (III) 10 0)
756 79TH CIR SOUTH 756 79TH CIR SOUTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		
						01/11/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		plied For
21		26				59-3354903		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5, Certificate of Status Desired	\$8.75	
22		27					Fee Re	<u> </u>
City & State	8	City & State				6, Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
23	Country	28 Zip	Cou	ntru				
Zip	Country		\vdash	ıı ıu y		This corporation owes or has paid the cu Personal Property Tax due June 30.		angible No
24	9. Name and Address of Current	Registered Agent	30			10. Name and Address of New Registered		- 170
		··-Bininian GRain		81	Name	101		
KLEINMETZ, JULIE 758 79TH CIRCLE SOUTH								
			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
51	PETERSBURG FL 33707			83				
				84	City	Fi	85 Zip C	Code
SIGNATURE	Signature, typod or printed name of registered agen	t alcohile il applicatili (NOI	F Registere			poration submits this statement for the purpose of tition's board of directors. I hereby accept the application when reinstating) DATE:	M	
12.	OFFICERS AND	DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	S IN 12 Addition
TITLE	D PLOTT GENE		1.2 NAM				onlings	
NAME	SLOTT, GENE 13000 FARMINGTON TRAIL							
STREET ADDRESS	A = 1 M 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A			1.3 STREET ADDRESS				ŀ
CITY-ST-ZIP TITLE	D D			1.4 CITY - ST - ZIP 2.1 TITLE			Change	Addition
MAME	— -	LEINMETZ, JULE						
STREET ADDRESS	756 - 79TH CIRCLE SO.			2.3 STREET ADDRESS				
	ST. PETERSBURG FL 33707		2 4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	DELETE			3.1 TITLE			Change	Addition
NAME				AME			-	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					i1-ZIP			ļ
TITLE				TLE			☐ Change	Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 S	REET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - 9		T-ZIP			
TITLE		DELE TE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 S1	REET	ADDRESS			}
CITY-ST-ZIP			5.4 CITY - 5		T · ZIP			
TITLE				.1 TITLE			Change	Addition
NAME			6.2 NA	AME				
STREET ADDRESS			6.3 ST	REET	ADDRESS			
CITY-ST-ZIP			6.4 CI	TY-S	T- Z IP			
14. I hereby o	ertify that the information supplied wit	h this filing does not qualify f	or the exe	empl	tion stated in	Section 119.07(3)(i), Florida Statutes. I further o	ertify that the	Information

4. 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 officer or directors and attachment with an address.

1/16/94

817-545 9891