## 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 # P9600004922 (6)

STAPLETON & ASSOCIATES, INC.

Principal Place of Business	
I TII ICIPAI I IACE OI DUSIIIESS	

Mailing Address

7719 HUNTER LN., STE. 1100 PINELLAS PARK FL 33782 LIS 7719 HUNTER LN., STE. 1100 PINELLAS PARK FL 34666

## FILED Apr 08 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

						01/12/1996		_ 1		
2. Principal Pl	Principal Place of Business 2a. Mailing Address					4, FEI Number	Ā	pplied For		
21	26					59-3356895	No	ot Applicable		
_	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional		
22	<del></del>							equired		
City & State	City & State	& State			8. Election Campaign Financing		May Be			
Zip	Country					Trust Fund Contribution		to Fees		
24	25	29 33782	30	ıı, y		This corporation owes or has paid the cu     Personal Property Tax due June 30.		tangible     No		
29	9 Name and Address of Curren		[30]			10. Name and Address of New Registered				
CDI	ECO, DANIEL J			81	Name					
19139 GULF BLVD.										
	INDIAN SHORES FL 34635					82 Street Address (P.O. Box Number is Not Acceptable)				
****	INTO CHOILE TE CHOOS		ļī.	63						
			L	_						
			1	84	City	FL	<b>85</b> Zip	Code		
11, Pursuant t	o the provisions of Sections 607 050	2 and 607.1508, Florida State	utes, the ab	ove	-named corp	poration submits this statement for the purpose of	f changing I	ts registered		
office of re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblim	of Florida. Such change was ations of, Section 607.0505. F	s authorized Florida Statu	l by	the corporat	tion's board of directors. I hereby accept the app	pointment as	registered		
SIGNATURE		1 1 , 1 1 1 0 1 0 0 1 1 0 0 0 1						}		
	Signature, typed or printed name of registered ago	nt and title it applicable (NC	DIE: Registered	Age	ınt signatura requir	red when reinstating) DATE				
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	DP	☐ DELETE	1.1 TITL	LE			Change	Addition		
NAME	STAPLETON, WILLIAM		1.2 NAM	ME				j		
STREET ADDRESS				REET	ADDRESS					
CITY - ST - ZIP	PINELLAS PARK FL 84666 33782			Y-\$1	T-ZIP					
TITLE	DVS	☐ DELE1E	2.1 1110	LE			Change	Addition		
NAME				ME						
STREET ADDRESS				PEET .	ADDRESS					
CITY-ST-ZIP	PINELLAS PARK FL 84806- 3		2.4 CIT	TY-5	ST-ZIP			<u>.                                 </u>		
TITLE	☐ DELÉTE		3.1 TITL	3,1 TITLE			Change	☐ Addition		
NAME			3.2 NAM	ME						
STREET ADORESS			3.3 STR	REET	ADDRESS					
CITY - ST - ZIP			3.4. CIT	TY·S	ST-ZIP					
TITLE		DELETE	4.1 TiTU	LE	\		Change	☐ Addition		
NAME			4.2 NA	ME	ļ					
STREET ADDRESS			4.3 STR	REET	ADDRESS					
CITY-ST-ZIP			4.4 CIT		T-21P					
TITLE		☐ DELETE	5.1 TITL	LE	}		Change	Addition		
NAME			5.2 NAM	ME						
STREET ADDRESS			5.3 STR	REET	ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y-5	1-ZIP					
TITLE		☐ DELETE	6.1 TITL	LE			☐ Change	Addition		
NAME			6.2 NA	ME						
STREET ADDRESS			6 3 STR	REET	ADDRESS			ļ		
CITY-ST-ZIP			6.4 CiT	Y-51	T-ZIP					
14. I hereby o	ertify that the information supplied won this appual report or supplements	ith this filing does not qualify	for the exer	mpi	tion stated in	Section 119.07(3)(i), Florida Statutes. I further c	ertify that the	e information		

indicated on this annual roport 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.

**SIGNATURE:** 

SIGNATURE AND DIFFO OF PRINTIPO NAME OF SIGNING OFFICER OR DIRECT

4-3-98

813-544-5671

CRZEC