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

	MENT # P960 DOFING, INC.	00005853	3 (2)						
Principal Place of Business Mailing Address						4 FEBRUARI REP ARKID BEILE BURKL BORKL BOKKL BOKKL BOKKL BOKKL BURKL BURKL	ii (111)		
	ALM AVENUE SOUTH URG FL 33707		7111 DATE PALM AVENUE SOUTH ST. PETERSBURG FL 33707				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 01/17/1996		
2. Principal P	lace of Business	2a. Mailing Ad	dress				4. FEI Number Applie	od For	
21		26					59-3360173 Not Ap	pplicable	
Suite, Apt.		27	Suite, Apt. #, etc.				E Catilicate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State			· · · · · · · · · · · · · · · · · · ·			\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	-	Coun	try		8. This corporation owes or has paid the current year Intang Personal Property Tax due June 30.		
	g. Name and Address of C	urrent Registered Agent	 		81	Name	10. Name and Address of New Registered Agent		
agent. I at SIGNATURE	to the provisions of Sections 60; egistered agent, or both, in the m familiar with, and accept the so	obligations of, Section 60	7.0505, Flor	s, the abouthorized ida Statu	ove- by tes.		corporation submits this statement for the purpose of changing its representation's board of directors. I hereby accept the appointment as reg		
12.		S AND DIRECTORS	(NOTE	13.	Agen	l signature requ	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	V 12	
TITLE NAME	DPST STRICKLAND, KEVIN		DELETE	1.1 TITL 1.2 NAM	AE.			Addition	
STREET ADDRESS 7111 DATE PALM AVENUE SOUTH ST. PETERSBURG FL 33707				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		1			
TITLE	V DELETE			2 1 TITLE		- 411	Change	Addition	
STREET ADDRESS	STRICKLAND, BARBARA 7111 DATE PALM AVENU			2.2 NAM 2.3 STRI	EET A	- 1			
CITY-ST-ZIP TITLE	ST. PETERSBURG FL 33		DELETE	2. 4 CIT 3.1 TITL	_	- ZIP	☐ Change ☐	Addition	
NAME Street address				3.2 NAM 3.3 STRI		DORESS			
CITY-ST-ZIP TITLE			DELETE	3.4. CITY 4.1 TITL	E	- ZIP	Change C	Addition	
NAME STREET ADDRESS				4. 2 NAM 4.3 STRI		DDRESS			
CITY-ST-ZIP				4.4 CITY	-ST-	- ZIP			

14. Thereby 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 of 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

Change

Change

Addition

Addition

FILED

May 04 1998 8:00am

Secretary of State