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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN Sandra B. Moi

Secretary of S

0.00

F STATE

FILED Jan 29 1998 8:00am Secretary of State

•	1998	DIVISION OF CO	ORP(ATIONS	Scoretary	or state	
	MENT # P96000	0010257 (9)		1 (83):400 (40 40) (8 0) (1 0) (4 0)	IDDJ GOLIZ VICE BIJI IBAT IBAT	
Principal Place	of Business	Mailing Address				
		13327 DRYSDALE ST Spring Hill FL 3460 9		ļ	•	
SPRING HILL FL 34609		OF THE THE TE STOOD		<u> </u>	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
4 B 1. 1 -1 B 1	ace of Business	2a. Mailing Address		02/01/1996 4. FEI Number	Applied For	
2. Principal Pii 21	BC6 DI BUSINGES	26. Walling Address		65-0640190	Not Applicable	
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		_	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	On water	[28]	to	Trust Fund Contribution	Added to Fees	
Zip	Country 25	Zip 29	try	This corporation owes or has paid the corporation owes or has paid the corporation of the personal Property Tax due June 30.	current year Intangible	
24	9. Name and Address of Currer		30]	10. Name and Address of New Registers		
DBI	S, MICHAEL E		81 Name			
			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
TARPON SPRINGS FL 34689						
			83			
			84 City	F	85 Zip Code	
44 6 5 5 5 5	a the are deigner of Continue CO7 OCC	22 and 607 1509. Florida Statuto	s the power area of	prporation submits this statement for the purpose		
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was au	uthorized by the corpor	ration's board of directors. I hereby accept the a	opointment as registered	
	m tamiliar with, and accept the oblig	Brioris of Section 607.0005, Flor	ida 3i dies.			
SIGNATURE .	Signature, typed or printed name of registered ag-	ent and title if applicable (NOTE.	Registe i Agent signature rec	quired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	0	DELETE	1.1. FLE 1.2. AME		Change L Addition	
NAME	PEREZ, ORLANDO 13327 DRYSDALE ST		1,2- AME 1,3 FREET ADORESS		·	
STREET ADDRESS	SPRING HILL FL 34609		1,4 TY-ST-ZIP			
CITY-ST-ZIP TITLE	GENING FILL PL 34009	DELETE	2.1 TLE		Change Addition	
NAME			2.2 AME			
STREET ADDRESS			2.3 REET ADDRESS			
CITY-ST-ZIP			2.4 SITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TLE		☐ Change ☐ Addition	
NAME			3.2 AME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition	
TITLE NAME		<u></u>	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		1	
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME		•	5.2 NAME		Ĭ	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ Officia	61 TITLE 62 NAME		C cuange C Moniton	
NAME STREET ADDRESS			6.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			6.4 CTY-ST-ZIP			
	sertify that the information supplied y	with this filing does not qualify for		in Section 119.07(3)(i), Florida Statutes. I further	certify that the information	

Indicated on this annual report or supplied with this nining does not quality for the eleminion stated in Section 119.07(3)(i). Florida Statutes. I further 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 his 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.