## 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 May 04 1998 8:00am Secretary of State

		# <b>P960</b> 0 CH PLACE, INC	00020037	(3)			18
Principal Plac	e of Busines	ss	Mailing Address		<del></del>		1811 <b>- 181</b> 11 - <b>1881 - 1881 - 1881</b>
2405 GULF BLVD. Indian Rocks Beach Fl 34635			2405 GULF BLVD INDIAN ROCKS B			DO NOT WRITE IN THI	S SPACE
						3. Date Incorporated or Qualified 03/01/1996	
2. Principal P	tace of Busi	ness	2a. Mailing Addre	:S <b>S</b>		4. FE! Number	Applied For
Suite, Apt.	# etc		26 Suite, Apt. #,	etc		59-3363906	Not Applicable \$8.75 Additional
22	#, <b>U</b> IC.		27	DIO.		5. Certificate of Status Desired	Fee Regulred
City & State	Э		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζίρ <b>24</b>	Country 25		Zip <b>29</b>	Coun	try	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
			rrent Registered Agent		14) No	10. Name and Address of New Registers	d Agent
	stings, d				Name		
19941 GULF BLVD					32 Street Add	dress (P.O. Box Number is Not Acceptable)	
#E INDIAN SHORES FL 33785					33		····
INL		ico fl 33/83					· · · · · · · · · · · · · · · · · · ·
				18	City	F	E Sip Code
SIGNATURE	Signature, typec	for printed name of registered	d agent and tille if applicable AND DIRECTORS	(NOTE Registored a		poration submits this statement for the purpose alion's board of directors. I hereby accept the a ured when reinstating)  DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P		☐ DEL				Change Addition
NAME		M, CLARENCE		1.2 NAM			
STREET ADDRESS		JLF BLVD. ROCKS BEACH FL		1.3 STAFET ADDRESS 1.4 City-St-Zip			
CITY-ST-ZIP TITLE	HANNA	NOUNG DEAUN FL	. DEL				Change Addition
NAME				2.2 NAM	i		<del>-</del> -
STREET ADDRESS				2.3 STR	EET ADDRESS		
CITY-ST-ZIP			······································		Y-ST-ZIP		
TITLE			DEL				Change Addition
NAME				3.2 NAM	1		÷
STREET ADDRESS					EET ADDRESS		
CITY-ST-ZIP TITLE			DEL		Y-ST-ZIP		Change Addition
NAME			based of a	4. 2 NAM	1		
STREET ADDRESS					EET ADDRESS		
CITY-ST-ZIP					'- ST- ZIP		
TITLE			DEL	ETE 5.1 TITL			Change Addition
NAME				5.2 NAM			
STREET ADDRESS					EET ADDRESS		
CITY-ST-ZIP			T bro		-S1-ZIP		Change Addition
TITLE			☐ DEL		1		Change Addition
STREET ADDRESS				6.2 NAM 6.2 CTRI			
CITY-ST-ZIP				i	ET ADDRESS - ST- ZIP		
	ertify that th	e information supplier	d with this filing does not a			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 on an atlachment with all address.