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

P96000027132 (5)

Principal Place of Business Mailing Address 1036 SYLVIA LN TAMPA FL 33613 TAMPA FL 33613				DO NOT WRITE IN TH 3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		03/28/1996 4. FEI Number	Applied For
ที		26		59-3367331	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat		Cily & State			Fee Required
City & Stat	t e	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7(0	Country	8. This corporation owes or has paid the	
4	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New Registere	ed Agent
TAI	MPA FL 33613		83 84 City	ress (P.O. Box Number is Not Acceptable)	85 Zip Code
office or i agent. I a SIGNATURE	am familiar widt, and accept the	cylligations of, Section 607,0505, Flo	Flugistered Agent signature requ	red when reinslating) DATE ADDITIONS/CHANGES TO OFFICERS A	5, 1998 ND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME .	PAWLTER, DEAN	Spelling Error	1.2 NAME	AUTLER, DEAN 036 Sylvia Lane	
STREET ADDRESS	1036 SYLVIA LN		1.3 STREET ADDRESS	use sylvia lane	
City-St-Zip Title	TAMPA FL	DILLITE	1.4 Crty-St-ZiP	jampa, FL 33613	★ Change
NAME	VP Pawtler, Pamela J	Spelling Enor	2.1 TITLE V (outler Damela I	. Addition
STREET ADDRESS	3340 FOXRIDGE CIR	ok2 = 100	2.3 STREET ADDRESS	autler, Pamela II 1340 Foxfidge Circle	
CITY-ST-ZIP	TAMPA FL		2. 4 City-St-ZiP	anparFL	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Document	3 4. CITY- ST-7/P		
TITLE	•	L] DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS		·	4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 City - St - ZiP 5.1 Title		Change Addition
NAME			5.2 NAME		- Vidention
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		-

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 suppliemental arrival 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.

FILED

May 04 1998 8:00am

Secretary of State