## 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** Apr 13 1998 8:00am Secretary of State

| DOCUMENT # P96000028936 (8)                 |  |                                 |                        |                   |  |
|---|--|---------------------------------|------------------------|-------------------|--|
|   | DUG'S U-STAR KAROKE, IN  | • •                             | <i>!</i>               |                   |  |
| טייטי טיי                                   | JUG 3 U-STAN NANUNE, II  | 10.                             |                        |                   | ) I DECHARIO ME MENERALINE CAMBINET COME CONTRACTOR MANAGEMENT CONTRACTOR CON |
|   |  |                                 |                        |                   |  |
| Principal Place                             | e of Business  | Mailing Address                 |                        |                   | E SODICOL LE COMO DINT BOND DEST CONT DEST SOND SOND SOND FINE DIN 1841  |
| 5198 39TH ST                                |  | 5198 39TH STREET SO.            |                        |                   |  |
| ST. PETERSE                                 | URG FL 33711   | ST. PETERSBURG FL 33711         |                        |                   | DO NOT WRITE IN THIS SPACE   |
|   |  |                                 |                        |                   | 3. Date Incorporated or Qualified  |
|   |  |                                 |                        |                   | 03/28/1996   |
| 2. Principal Pl                             | lace of Business   | 2a. Mailing Address             |                        |                   | 4. FEI Number Applied For  |
| Suite, Apt. #, etc.                         |  | 26                              |                        |                   | <b>59-3370641</b> Not Applicable   |
| 22 Suite, Apt.                              | #, etc.  | Suite, Apt. #, etc.             |                        |                   | 5. Certificate of Status Desired See Required  |
| City & State                                | 9  | City & State                    |                        |                   |  |
| 23  |  | 28                              |                        |                   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees   |
| Zip   | Country  | Zip                             | Countr                 | у                 | 8. This corporation owes or has paid the current year Intangible   |
| 24  | 25   | 29                              | 30                     |                   | Personal Property Tax due June 30. Yes   |
|   | 9, Name and Address of Currer  | ii Hegisterea Agent             | 81                     | Name              | 10. Name and Address of New Registered Agent   |
| DANELIAK, DOUGLAS S<br>5198 39TH STREET SO. |  |                                 |                        |                   |  |
|   | PETERSBURG FL 33711  |                                 | 82 Street A            |                   | ddress (P.O. Box Number is Not Acceptable)   |
| OI. I CILIODONO I C 357 II                  |  | 83                              |                        | <del> </del>      |  |
|   |  |                                 | 84                     | City              | ■■ 85 Zip Code   |
|   | _  | i                               | FL (**)                |                   |  |
| 11. Pursuant t                              | to the provisions of Sections 607.050 epistered agent, or both, in the State | 12 and 607.1508, Florida Statu  | ites, the above        | e-named co        | orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered  |
| agent. I a                                  | m familiar with, and accept the oblig  | ations of, Section 607 0805, FI | lorida Statute         | S.                | All la -   |
| SIGNATURE                                   | Signature has brioted prior of registrated ago                               | Melil                           | Employiclased An       | ant cinnet vo rec | rguired when reinstating)  |
| 12.   |  | D DIRECTORS                     | 13.                    | ent signature rec | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE                                       | D  | DELETE                          | 1.1 TITLE              |                   | ☐ Change ☐ Addition  |
| NAME  | DANELIAK, DOUGLAS S  |                                 | 1.2 NAME               |                   |  |
| STREET ADDRESS                              | 5198 39TH STREET SO.   |                                 | 1.3 STREE              | 1 ADDRESS         |  |
| CITY-ST-ZIP                                 | ST. PETERSBURG FL 33711  | □ DCIETE                        | 1.4 CITY-:             | ST-ZIP            |  |
| TITLE                                       |  | L DELETE                        | 2.1 TITLE              |                   | ☐ Change ☐ Addition  |
| NAME<br>STREET ADDRESS                      |  |                                 | 2.2 NAME               | T ADDRESS         | •  |
| CITY-ST-ZIP                                 |  |                                 | 2.3 STREE<br>2.4 CITY- | Į.                |  |
| TITLE                                       |  | DELETE                          | 3.1 TITLE              | 31-2#             | Change Addition  |
| NAME  |  |                                 | 3.2 NAME               |                   | _ • _  |
| STREET ADDRESS                              |  |                                 | 3.3 STREE              | T ADDRESS         |  |
| CITY-ST-ZIP                                 |  |                                 | 3.4. CITY-             | ST-ZIP            |  |
| TITLE                                       |  | ☐ DELETE                        | 4.1 TITLE              |                   | ☐ Change ☐ Addition  |
| NAME  |  |                                 | 4, 2 NAME              |                   |  |
| STREET ADDRESS                              |  |                                 |                        | T ADDRESS         |  |
| CITY-ST-ZIP<br>TITLE                        |  | DELETE                          | 4.4 CITY - 5.1 TITLE   | 51-ZIP            | Change Addition  |
| NAME  |  |                                 | 5.2 NAME               |                   |  |
| STREET ADDRESS                              |  |                                 |                        | T ADDRESS         |  |
| CITY-ST-ZIP                                 |  |                                 | 5.4 CITY-5             |                   |  |
| MILE  |  | ☐ DELETE                        | 6.1 TITLE              |                   | ☐ Change ☐ Addition  |
| NAME  |  |                                 | 6.2 NAME               |                   |  |
| STREET ADDRESS                              |  |                                 | 6.3 STREET             | T ADDRESS         |  |
| CITY-ST-ZIP                                 | actifus that the independent and in the                                      | ith this films do 1 12 - 1      | 64 CITY-               |                   | 1- CN 440 07(0)() F1-1-1- 0(-1-1-)   |
| 14. i nereby c                              | eriny mai the information supplied w   | un uns ning does not quality t  | or the exemp           | pijon stated i    | 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 of 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