## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

| 1. Corporatio                               | MENT # P96000<br>ANTUNANO MANAGEMENT  | 0031669 (0) CORPORATION   |                           |            |  | 1 11816 21115 61116 1811 1811    |
|---|---|---|---------------------------|------------|--|----------------------------------|
| Principal Place of Business Mailing Address |   |   | ·                         |            | —   I I I BAKADAL KIRI TAHAN BUMA BAHAI BAHAI ANIMI, BAMBA KIM   | IS COME DIGITE DIGITO (DIS 1889) |
| 4338 BELL SHOALS RD.<br>VALRICO FL 33594    |   | C/O WALTER SANDERS<br>13910 N DALE MABRY #1<br>TAMPA FL 33618<br>US |                           |            | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  |                                  |
|   | ······································  |   |                           |            | 04/11/1996   |                                  |
| 2. Principal P                              | face of Business  | 2a. Mailing Address   |                           |            | 4, FEI Number  | Applied For                      |
| Suite, Apt. #, etc.                         |   | Suite, Apt. #, etc.   |                           | 59-3371739 | \$8.75 Additional  |                                  |
| 22  |   | 27  |                           |            | 5. Certificate of Status Desired   | Fee Required                     |
| City & Stat                                 | e   | City & State  |                           |            | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees   |
| Zip   | Country   | Zip   | Country                   |            | 8. This corporation owes or has paid the cu  |                                  |
| 24  | 9. Name and Address of Curren   | 29 3  | 10                        |            | Personal Property Tax due June 30. [ 10. Name and Address of New Registered  | Yes No                           |
|   | NDERS, WALTER   | v indiateran vilain   | 81                        | Name       | 10' HOUSE WIN WORKERS AT HOM DORISION  | ryviii.                          |
| SUITE ONE<br>TAMPA FL 33618                 |   |   | 82<br>83<br>84            | City       | ress (P.O. Box Number is Not Acceptable)   | 85 Zip Code                      |
|   | egistered agent, or both, in the State mamiliar with, and accept the obligation of the state of | ort and title d applicable (NOTE I                                  |                           |            | poration submits this statement for the purpose of tion's board of directors. I hereby accept the appropriate the purpose of t | 26-98                            |
| TITLE                                       | D   | DELETE  | 1.1 TITLE                 | 7          |  | Change Addition                  |
| NAME  | antunano, james   |   | 1.2 NAME                  |            |  |                                  |
| STREET ADDRESS                              | 4338 BELL SHOALS RD.  |   | 1.3 STREET A              |            |  |                                  |
| CITY-ST-ZIP<br>TITLE                        | VALRICO FL 33594  | T DELETE  | 1.4 CITY - ST             | - ZIP      |  | Change Addition                  |
| NAME  |   | C) Milli  | 2.1 TITLE<br>2.2 NAME     | 1          | <del>17</del>  | C. Orientife C. Modellon         |
| STREET ADDRESS                              |   |   | 2.3 STREET A              | ODRESS     |  |                                  |
| CITY-ST-ZIP                                 |   |   | 2. 4 CITY - ST - ZIP      |            |  |                                  |
| TOLE  |   | ☐ DELETE  | 3.1 TITLE                 |            |  | Change Addition                  |
| NAME  |   |   | 3.2 NAME                  | 1          |  |                                  |
| STREET ADDRESS                              |   |   | 3.3 STREET A              | 1          |  |                                  |
| CITY-ST-ZIP<br>TITLE                        |   | DILETE  | 3.4. CITY-ST<br>4.1 TITLE | - ZIP      |  | Change Addition                  |
| NAME  |   |   | 4. 2 NAME                 | 1          |  |                                  |
| STREET ADDRESS                              |   |   | 4.3 STREET A              | DDRESS     |  | ,                                |
| CITY-ST-ZIP                                 | !<br>   |   | 4.4 CITY-ST               |            |  |                                  |
| TITLE                                       |   | ☐ DELETE  | 5.1 TITLE                 |            |  | Change Addition                  |
| NAME  |   |   | 5.2 NAME                  | ĺ          |  |                                  |
| STREET ADDRESS                              |   |   | 5.3 STREET A              | ſ          |  |                                  |
| CITY-ST-ZIP                                 |   | DELETE  | 5.4 CITY-ST-              | ZIP        |  | Change Addition                  |

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not quality 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 compaction or tipe received or trosted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an extraction of the received or trosted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an extraction of the received of the recei

62 NAME

NAME

STREET ADDRESS

**FILED** 

Mar 18 1998 8:00am

Secretary of State