## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATI

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

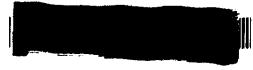
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FERLITA, NUITER , ROSELLO & NEWMAN, PA

Principal Place of Business

Mailing Address

## FILED Jun 02 1998 8:00am Secretary of State



610 AZEELE ST 610 AZEELE ST TAMPA, FL. 33606-2273 TAMPA, FL. 33606-2273 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 4-10-96 2a. Mailing Address 2. Principal Place of Business Applied For 59-2476598 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zin Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property 1ax due June 30. 25 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NUTTER, ROBERT H. Street Address (P.O. Box Number is Not Acceptable) 610 W. Azerle St. 83 Tampa, FL. 33606.2273 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type diocipanted nuise of registerest agreed and title if applicable (NOTE Registered Agent signs are required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ₹ DELETE ☐ Change Addition TITLE LI TITLE President 1.2 NAME NAME Rabort H. Nutter 610 w. Azzele St. STREET ADDRESS 1.3 STREET ADDRESS Tomps, F1. 33606.2273 CITY-ST-ZIP 1.4 CHY - ST- ZIF DRIFTE Change Addition TITLE 2.11010 Roland A. Rusollo NAME 610 W. ABONIO ST. 2.3 STHEET ADDRESS STREET ADDRESS Tampe, Pl. 33606-2273 2 4 City St-7/P CITY-ST-ZIP DETETE Change Addition TITLE 3.1 1111.1 SEC-TAES. Angalo M. Folita 3.2 NAME NAME belo A soele St. STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4 C(1Y+ST-ZI)\* DELETE \_\_\_ Change 4.1 TILLE TITLE 20000254684<u>2</u> NAME 4. 2 NAME -06/04/98--01004--012 4.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 4 4 CITY - ST - ZIP CITY-ST-ZIP Change DHETE Addition TITLE 51THLF NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - 7/P DELETE \_\_\_ Addition 6 1 111LE TITLE 6.2 NAME NAME STREET ADDRESS

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this agricult report or suppliementary 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 or like report or the report or provided to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or pays 13 if shanged, or on all achieves the made address.

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