## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P96000033242 (4)

WILL PAGE VIII, INC.

## FILED Aug 26 1998 8:00am Secretary of State

Principal Place of Business			Mailing Add	Malling Address				1 14411091 140 18119 81111 88111 88111	BB[]  B\${BB
12807 HILLSBOROUGH AVENUE TAMPA FL 33615				12807 HILLSBOROUGH AVENUE TAMPA FL 33615					
									IN THIS SPACE
								3. Date Incorporated or Qualified	
	<u> </u>							04/15/1996	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.					59-3375104	Not Applicable
22			27	27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	<del> </del>	untry	Zip		Cou	ntry		8. This corporation owes or has paid	
24	25		[29]		[30]			Personal Property Tax due June	
	9. Name and Ad	laress of Curren	it Registered Ag	jent		81	Name	10. Name and Address of New Rec	pistered Agent
	INS, WILLIAM J				١	Name			
12807 HILLSBOROUGH AVENUE TAMPA FL 33615						82	Street Addre	t Address (P.O. Box Number is Not Acceptable)	
17300	7 A 1 E 000 10					83			
						84	City		B5 Zip Code
44 =	<del> </del>						·		FL 15 24 COGG
l office or a	regis <b>le</b> red agent or l	hoth in the State	of Florida, Such	change was a	uithorized	l hv ti	amed corpora he corporatio	ation submits th <mark>is s</mark> tatement for the purp n's board of directors. I hereby accept t	ose of changing its registered he appointment as registered
	am familiar with, and	accept the obliga	ations of, section	607.0505, FK	orida Stat	utes.			
SIGNATURE .	Signature, typod or printed r	name of registered agen	nt and title if applicable	(NC	TE: Paniela		ent signature requi	and when coloratelless	DATE
12. OFFICERS AND					ZIL. PROGISIO	eu nye		reo when remadating)	DATE
12.		OFFICERS AN	ID DIRECTORS		13.	eu Age		ADDITIONS/CHANGES TO OFFIC	
12.	TD			DELETE			Þ	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
· · · · · · · · · · · · · · · · · · ·	MANNS, WILLIAI	M J	G		13.	LE	<b>9</b>	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change Addition
TITLE	MANNS, WILLIAI 2055 SUNSET P	M J OINT ROAD UI	G		13. 1.1 TIT 1.2 NA	LE ME	<b>9</b>	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANNS, WILLIAI 2055 SUNSET P CLEARWATER F P FREITTAG, TODI	M J POINT ROAD UI L	G	DELETE	13. 1.1 TIV 1.2 NA 1.3 STF 1.4 CIV	LE ME REET AI Y-ST-Z LE	T 72	ADDITIONS/CHANGES TO OFFICE  EITAGITODO A  IS MINIMONOMINE	CERS AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANNS, WILLIAI 2055 SUNSET P CLEARWATER F P FREITTAG, TODI 613 N WOODLY	M J POINT ROAD UI L	G	DELETE	13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA	LE ME REET AI Y-ST-Z LE ME	T 72	ADDITIONS/CHANGES TO OFFICE  EITAGITODO A  IS MINIMONOMINE	CERS AND DIRECTORS IN 12 Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MANNS, WILLIAI 2055 SUNSET P CLEARWATER F P FREITTAG, TODI	M J POINT ROAD UI L	G	DELETE	13. 1.1 TIV 1.2 NA 1.3 STF 1.4 CIV 2.1 TIT 2.2 NA 2.3 STF 2.4 CIT	LE ME REET AI Y-ST-Z LE ME REET AI	DDRESS DDRESS	ADDITIONS/CHANGES TO OFFICE  EITAGITODO A  IS MINIMONOMINE	CERS AND DIRECTORS IN 12 Change Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	MANNS, WILLIAI 2055 SUNSET P CLEARWATER F P FREITTAG, TODI 613 N WOODLY	M J POINT ROAD UI L	NIT 3902	DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TIT 3.2 NA 3.3 STF 3.4 CIT 4.2 NAI 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STF 5.4 CIT 6.1 TIT 6.2 NAI	LE ME REET AI Y-ST-Z LE ME REET AI	DDRESS DDRESS IP DDRESS IP DDRESS IP DDRESS IP DDRESS IP	ADDITIONS/CHANGES TO OFFICE  EITAGITODO A  IS MINIMADON ME	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition

4. I hereby 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 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 chapged, or on an attachment with an address.

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