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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # PORODONA12R3 (R)

Principal Place of Business	Mailing Address	
•		
323 MAIN ST SAFETY HARBOR FL 34677	323 MAIN ST SAFETY HARBOR FL 34677	

2. Principal Place of Business	2a. Mailing Address	
21	[26]	
Suite, Apt. #, etc.	26] Suite, Apt. #, etc.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

FILED Mar 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1996 4. FEI Number Applied For 59-3385976 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be **23 Z**ip Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intangible 29 Personal Property Tax due June 30. Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FINCH, JOHN K 323 MAIN ST Street Address (P.O. Box Number is Not Acceptable) SAFETY HARBOR FL 34677 City 85 Zip Code 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 Florida. 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change 1.1 TITLE TITLE NAME HYATT, DANIEL R 1.2 NAME 3691 STATE RD 580 UNIT D 1.3 STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 CITY-ST-ZWP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE ■ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE ☐ Change □ Addition 61 TITLE NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 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 changed, or on an attachment with an address.

SIGNATURE

3-12-85