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

DOCUMENT #

P96000052254 (5)

FILED May 11 1998 8:00am Secretary of State

4404 G	BRADY, IN	IC.						
Principal Plac	ce of Busines	is	Ma	iling Address				# 1601/601 LIG FOLID BILLY BONN BONN BOLLY BOLLY BILLY NUMB LARGE BILLY BIRLY THAN
112 EAST ST	TREET. SUITE	В	11	2 EAST STREET, SUI	TE B			
TAMPA FL 33602 TAMPA FL 33602							DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified
								06/14/1996
2. Principal Place of Business 2a. Mailing Address								4, FEI Number Applied For
21				26				59-3411771 Not Applicable
Suite, Apt. #, etc.				Suite, Ap1 #, etc.				5. Certificate of Status Desired \$8.75 Additional
22				27				5. Certificate of Status Desired Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28	_+				Trust Fund Contribution
Zip				⊢ ¬	untry	У	8. This corporation owes or has paid the current year Intangible	
24	a Nama	25 and Address of Curr	29	larad Anant	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
			etti Negisi	ereo Agent		81	Name	
	DLAN, MARI					L		
112 EAST STREET, SUITE B						82	Street A	Address (P.O. Box Number is Not Acceptable)
IA	MPA FL 33	602				83	 	
							L	
						64	City	FL 85 Zip Code
11 Pursuant	to the provis	sions of Sections 607.0	502 and 60	7 1508 Florida Stati	utes the a	boy	e-named o	
office or	registered ac	ent, or both, in the Sta	te of Florid	la. Such change was	authorize	d b	y the corp	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
	em tamiliar w	ith, and accept the on	igations of	, Section bur Joys, i	-iorida Sia	(UIO:	5.	1.12400
SIGNATURE	Signature typed	or printed name of registered	agent and title	f applicable (NC	DIE Rogistere	d Ape	eni signalure r	re required when reinstating) DATE
12.		OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P			DELETE	1.17	ITLE		☐ Change ☐ Addition
NAME	TILLAND	DER, ROBERT			1.2 N	AME		
STREET ADDRESS	C/O 112	EAST ST., SUITE I	3		1.3 \$	TREET	T ADDRESS	
CITY-ST-ZIP	TAMPA	FL 33602			1.4 0	ITY-S	ST-ZIP	
TITLE				DELETE	2.1 1	TLE		Change Addition
NAME					2 2 N	AME	- 1	
STREET ADDRESS					2.3 \$	TREET	T ADDRESS	
CITY-ST-ZIP	ļ		,		2.40	HY-	ST-ZIP	
TALE	Į.			DELETÉ	3.1 TI	TLE	ļ	Change Addition
HAME					3.2 N	AME		
STREET ADDRESS							T ADDRESS	
CITY-ST-ZIP				——————————————————————————————————————			ST-ZIP	
TITLE	ļ			DELETE	4.1 TO		l	Change Addition
NAME	1				4.21			
STREET ADDRESS							TADDRESS	
CITY-ST-ZIP	ļ			Deper			ST-ZIP	
TITLE				☐ DELETE	5.1 TI		Į	Change Addition
NAME					52 N			
STREET ADDRESS	1						ADDRESS	
CITY-ST-ZIP	 			DELETE			ST-ZIP	Change Addition
TITLE				☐ DELETE	6.1 TI			E Grange Addition
NAME	}				6.2 N			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP	l				6.40	ITY-S	ST-ZIP	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r). 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.

4/28/18