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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT # P96000 TERNATIONAL, INC.	052396 (4)						
Principal Place of Business		Mailing Address			15 001100 1 110 1010 0111 0011 0011			
5820 SCHOONER WAY TAMPA FL 33615		5820 SCHOONER WAY TAMPA FL 33615						
		Trian Pi 12 doub			DO NOT WRI		SPACE	
					3. Date Incorporated or Qualific	oj .		
2. Principal P	Place of Business	2a, Mailing Address		±	06/19/1996 4. FEI Number			pplied for
21		26			59-3385104		F-1	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & Stat	0	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Z(φ) Country 30		•	8. This corporation ewes or has paid the current year Intangible Personal Property Tax due June 30. Ves No			
	g. Name and Address of Curren		1331		10. Name and Address of New		d Agent	
JOI	HNSON, AMOS N		8.	1 Name				
5820 SCHOONER WAY TAMPA FL 33615			8:	2 Street A	Address (P.O. Box Number is Not Accep	table)		
			8:	3				
1			8-	4 City		F	85 Zip	Code
44 Dureuset	to the provisions of Sections 607 050	and CO7 1LO9 Florida State	ites the above	un pamod d	corporation submits this statement for the oration's board of directors. I hereby acc		_	to registered
SIGNATURE	m familiar with, and accept the obligation of the obligation by set or pointed hanc of registered ages OFFICERS AND	t and the if applicable (NC			required when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIBECTOR	RS IN 12
TITLE	DP				Nootholio, other to other	102110711	Change	Addition
NAME	JOHNSON, AMOS N		1.2 NAME					
STREET ADDRESS	5820 SCHOONER WAY		1.3 STREE	1 AODRESS				
CITY-ST-ZIP	TAMPA FL 33615	DFLETE	1.4 CITY - 2.1 TULE	S1-7IP			Change	Addition
TITLE NAME	DVST JOHNSON, THERESA D						L_J Change	L_1 Montion
STREET ADDRESS	5820 SCHOONER WAY			- LADORESS				
CITY-ST-ZiP	TAMPA FL 33615		2. 4 CITY	ſ				
TOLE		DITTE 3.13					Change	Addition
NAME			3.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP TITLE		DELETÉ 4.1		· \$1 - 21P	At the other management of the second of the		Change	Addition
NAME			4. 2 NAMI	,			C1 Outlige	- Addition
STREET ADDRESS			4.3 STREET ADDRESS					
CHTY-ST-ZIP			4.4 CiTY -	ST-7 P				
TITLE	DELETE		5.1 1DLF				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 \$1REE	1 ADDRESS				
CITY-ST-ZIP		Dutn	5.4 C/TY-	S1 - 7IP		-	Change	(Addition
TITLE		☐ DEFET€	6.1 TITLE				L Change	Addition
NAME STREET ADDRESS			62 NAME	1 ADDOCCO				
DITY-ST-7IP			1	LADDRESS S1-7/P				

14. 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 suppliemental 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.