## 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** # P96000067845 (3)

2. Mailling Address 3. Mailling Address 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 59-3399936 5. Certificate of Status Desired 58-75 Additional Fee Required 6. Election Campaign Financing 7 Trust Fund Contribution 7 Trust Fund Contribution 7 Trust Fund Contribution 7 Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 9. Name and Address of Current Registered Agent  GERMINO, MICHAEL 931 EAST KLOSTERMAN ROAD TARPON SPRINGS FL 34889 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Code 86 City FL 85 Zip Code 87 Code 88 City FL 85 Zip Code 89 Zip Code 80 Land Intalial with, and accept the obligations of, Section 807 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am Intalial with, and accept the obligations of, Section 807 0505, Florida Statutes. 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Signature 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 81 Zip Code 81 Zip Code 83 Zip Code 84 City 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 Zip Code 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Cod	Principal Place of Business Maiking Address  831 EAST KLOSTERMAN ROAD TARPON SPRINGS FL 34689  TARPON SPRINGS FL 34689  TARPON SPRINGS FL 34689					DO NOT WRITE IN THI  3. Date Incorporated or Qualified  08/14/1996	
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Status Desired   Status Peter   Status Desired   Status Peter   St	2. Principal Plac	ce of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
City & State  City & State  28  Country  Zip  Country  Added to Fees  Zip  Country  B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No  Personal Property Tax due June 30. X Yes No  REMINO, MICHAEL  931 EAST KLOSTERMAN ROAD  TARPON SPRINGS FL 34689  B2  Street Address (P.O. Box Number is Not Acceptable)  TARPON SPRINGS FL 34689  B3  City  FL  B5  Zip Code  T1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursues of changing its registered agent. I am familiar with, and accept the obliquations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, bynd or preleted name of registered agent and left: if equi-Actable  (NOTL: Registered Agent signature required when reinstating)  DATE  12.  OFFICERS AND DIRECTORS IN 12	21					59-3399936	
Trust Fund Contribution Added to Fees  Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Added to Fees  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  GERMINO, MICHAEL 931 EAST KLOSTERMAN ROAD TARPON SPRINGS FL 34889  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 EAST KLOSTERMAN ROAD TARPON SPRINGS FL 34889  84 City FL 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Street Address (P.O. Box Number is Not Acceptable)  12. OF LOF RS AND DIRE CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	22	etc.				5. Certificate of Status Desired	
Personal Property Tax due June 30. Yes No.  9. Name and Address of Current Registered Agent  GERMINO, MICHAEL  931 EAST KLOSTERMAN ROAD TARPON SPRINGS FL 34689  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 East Klosterman Road  84 City  FL 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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and time if applicable.  (NOTE: Registered Agent signature required when reinstating):  DATE  (NOTE: Registered Agent signature required when reinstating):  DATE  12. OFFICERS AND DIRECTORS IN 12	City & State		<b>—</b>				
9. Name and Address of Current Registered Agent  GERMINO, MICHAEL  931 EAST KLOSTERMAN ROAD TARPON SPRINGS FL 34689  82 Street Address (P.O. Box Number is Not Acceptable)  83 EAST KLOSTERMAN ROAD TARPON SPRINGS FL 34689  84 City  FL 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 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 familitar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and time if applicable.  (NOTE: Registered Agent signature required when reinstating):  DATE  12. OFFICERS AND DIRECTORS IN 12	—————·	n	· · ·	_	ntry	· · · · · · · · · · · · · · · · · · ·	
GERMINO, MICHAEL 931 EAST KLOSTERMAN ROAD TARPON SPRINGS FL 34689  82 Street Address (P.O. Box Number is Not Acceptable) 83 City  FL 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 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 time if applicable (NOTE: Registered Agent signature required when reinstating):  OFFICERS AND DIRECTORS IN 12							
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TITLE   DAYOY PAGE   DAYOY P P P P P P P P P P P P P P P P P P	SIGNATURE SI	gnature, typed or profed name of registered ap OFFICERS AN	port and take if applicable (NOTE ND DIRECTORS	Registered	i Agent signature	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a required when reinstating.  ADDITIONS/CHANGES TO OFFICERS A	of changing its registered ppointment as registered
1101	TITLE	PVST	<b>LX</b> DELETE	1,1 (1)	LE	PUST	<b>₽</b> Change ☐ Addition
NAME WILDON, OLINT.  12 NAME 13 STREET ADDRESS 150 LARCSIOC OR  13 STREET ADDRESS 150 LARCSIOC OR	NAME -			1.2 NA	ME	BARRY T. WRIGHT	
	STREET ADDRESS			1.3 STI	REET ADDRESS	150 LARESIDE OR	
CITY-ST-ZIP TARPON SPRINGS FL 14 CITY-ST-ZIP TARPON SPRINGS FL.		TARPON SPRINGS FL		_		IMKNON SPILINDS, FL.	<b>[]</b> (1)

2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-S1-ZIP DELETE Change 41 TITLE Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP City-St-ZIP

14. Thereby 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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BARRY T. WRIGHT

**FILED** 

Apr 07 1998 8:00am

Secretary of State