## 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 # 1. Corporation Name P96000071004 (1)

## **FILED** Jan 21 1998 8:00am Secretary of State

Chistal Dat Phorenties, INC.							
Principal Place of Business Mailing A		Mailing Address	Address		1 20011001 110 102E0 01111 0011E 08(## 0	ARIT ANCIO SURARI TININ AL	LUCK MUSET ALIMI IMAL
11580 OAKHURST ROAD LARGO FL 34644		11580 OAKHURST ROAD LARGO FL 34644		DO NOT MIDIT	E IN THIS SPACE	-	
1	•					E IN THIS SPACE	
			1		3. Date Incorporated or Qualified 08/26/1996		_
2. Principal Pl	ace of Business	2a. Mailing Address	,, ,		4. FEI Number		Applied For
21		26			59-3397584		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & State		City & State			6. Election Campaign Financing		.00 May Be
23		28	••		Trust Fund Contribution		ided to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has p	aid the current ye	ar Intangible
24	25	29	30		Personal Property Tax due June		□ Ño
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent			10. Name and Address of New Re	egistered Agent	
HU	NT, NANCY W ESQ		8	1 Name			i
11580 OAKHURST ROAD			8	2 Street Add	lress (P.O. Box Number is Not Accepta	ble)	
į LAH	IGO FL 34644		8	3			
			8	4 City		<b>Page</b> 85	Zip Code
				1		FL.	
office or re agent. I an	o the provisions of Sections 607.050; gistered agent, or both, in the State n familiar with, and accept the obliga	2 and 607.1508, Florida Sta of Florida. Such change wa titions of, Section 607.0505,	tutes, the abo s authorized I Florida Statut	ve-named cor by the corpora es.	poration submits this statement for the tion's board of directors. I hereby acce	purpose of chang opt the appointmen	ing its registered
SIGNATURE _							
	Signature, typed or printed name of registered age OFFICERS AND			gent signature raqu	ired when reinstating)	DATE DIRECT	TODO NI 40
TITLE	p OFFICERS AINS	DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
NAME	TONG, MARK W		1.2 NAME	ľ			mgo E I reducen
STREET ADDRESS	A TO CALCINICAT DOAD			T ADDRESS			ļ
CITY-ST-ZIP	LARGO FL		1.4 CITY-	Y			ì
TITLE	C	DELETE	2.1 TITLE	<u> </u>		☐ Cha	inge Addition
NAME	MERCER, JAMES C		2.2 NAME				
STREET ADDRESS	430 BUTTONWOOD LANE		2.3 STREI	T ADDRESS			]
CITY-ST-ZIP	LARGO FL		2. 4 CITY	1			Ì
TITLE		DELETE	3.1 TITLE			Cha	nge 🔲 Addition
NAME			3.2 NAME				ĺ
STREET ADDRESS			3.3 STREE	T ADDRESS			•
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		DELETE	4.1 TITLE			. Cha	nge Addition
NAME			4. 2 NAM	.			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY -	ST-ZIP			
TITLE		DELETE	5.1 TITLE	-   -		☐ Cha	nge 🔲 Addition
NAME			5.2 NAME				İ
STREET ADDRESS			5.3 STREE	T ADDRESS			ļ
CITY - ST - ZiP			5.4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	6.1 TITLE	1		Cha	nge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS	•		Î
CITY-ST-ZIP		to the a still an end of the still and	6.4 CiTY-		Section 119.07(3)(i) Fiorida Statutes I	further seatters -	t 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 cath; 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: