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

**PROFIT CORPORATION ANNUAL REPORT** 

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

P96000086517 (5)

FILED May 07 1998 8:00am Secretary of State

PHEMI	IEH VENTUKA CORPOH/	ATION					
Principal Pla	ce of Business	Mailing Ac	Mailing Address			- I DEBUIDDO HA COCCO BOUCH BANK BRING REVAN ANDER GILLOR HIND	
3665 EAST E SUITE 205-25	57	SUITE 209	3665 EAST BAY DRIVE SUITE 205-257			DO NOT WRITE IN THIS SPACE	
LARGO FL 3	14641	LARGO FI	LARGO FL 34641			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
2. Principal I	Place of Business	2s. Mailing	Address		······	10/18/1996 4. FEI Number   LAD	Slod For
21		h~-i	26				Applicable
Sulte, Apt	t. #, etc.		Suite, Apt. #, etc.			SR 75 Additional	
22		27	27			5. Certificate of Status Desired Fee Rei	
City & Sta	ite		City & State			6. Election Campaign Financing \$5.00	vlav Re
23		28				Trust Fund Contribution Added to	
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Inta	ngible
24	[25]	29	3	0		Personal Property Tax due June 30.	No
	g. Name and Address of C	urrent Registered A	gent			10. Name and Address of New Registered Agent	
	<i>i</i> iith, walter e esq.			81	Name		ſ
1301 - 4TH STREET, NORTH				62	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
ST. PETERSBURG FL 33701					·		
				83			İ
				84	City	<b>■■ 85</b> Zip C	ode
44 8		7.0500 1.007 1500				FL	
office or	registered agent, or both, in the	7.0502 and 607.1508 State of Florida Such	, Florida Statutes, i change was aut	, the above thorized by	:-named co the coroor	orporation submits this statement for the purpose of changing its ration's board of directors. I hereby accept the appointment as r	registered
agent. I a	am familiar with, and accept the	obligations of, Section	n 607.0505, Florid	da Statutes	3.	as a second of the second of t	giotoroa
SIGNATURE	Signature, typed or printed name of register	ration of the second			<del></del>		
12.	<del></del>	S AND DIRECTORS	P (NOTE: H	13.	nt signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	181 40
TITLE	D		DELETE	1.1 TITLE		P/D Change	Addition
NAME	KILLENS, JERRAL JABBA		_	1.2 NAME		Killens, Gloria A.	
STREET ADDRESS	2335 LAMPARILLA WAY,			1.3 STREET		5000 43rd Street S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33			1.4 CITY-S		St. Petersburg, Florida 33711	
TITLE	D		X DELETE	2 1 TITLE		Change	Addition
NAME	KILLENS, LATROY BARI			2.2 NAME		_ ,	
STREET ADDRESS	1230 - 30TH STREET, SC	DUTH		2.3 STREET	ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33						
TITLE				2. 4 CITY - S	T-ZiP		
NAME			DELETE	2. 4 CITY - S 3.1 TITLE	T - ZIP	Change	☐ Addition
			DELETE		IT-ZIP	Change	☐ Addition
STREET ADDRESS			DELETE	3.1 TITLE		Change	Addition
STREET ADORESS CITY-ST-ZIP			DELETE	3.1 TITLE 3.2 NAME	ADDRESS	☐ Change	Addition
			DELETE	3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS	☐ Change	Addition  Addition
CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	ADDRESS		
CITY-ST-ZIP TITLE				3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	ADDRESS T-ZIP		
CITY-ST-ZIP TITLE NAME			□ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS				3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS T-ZIP ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS T-ZIP ADDRESS	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			□ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE	ADDRESS T-ZIP ADDRESS I-ZIP	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S1 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S1	ADDRESS T-ZIP  ADDRESS (-ZIP  ADDRESS	☐ Change ☐ Change	Addition  Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HTLE			□ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S1 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP  ADDRESS (-ZIP  ADDRESS	☐ Change ☐ Change ☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S1 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S1	ADDRESS T-ZIP  ADDRESS (-ZIP  ADDRESS	☐ Change ☐ Change ☐ Change	Addition  Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE TADDRESS TOTY-ST-ZIP TITLE			☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY - S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY - SI 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY - SI 6.1 TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP	☐ Change ☐ Change	Addition  Addition

Interecy 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.