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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1	MENT # P96000 K, Inc.	)086744 (5)			
Principal Place	e of Business	Mailing Address		1	0) 10010 03111 13041 01311 6101 1001
Principal Place of Business  333 FAULKENBURG ROAD  SUTIE B-208  TAMPA FL 33619		P.O. BOX 15895 TAMPA FL 33684 US		DO NOT WRITE IN T	HIS SPACE
				10/18/1996	
2. Principal P	lace of Business	2a. Mailing Address	·	4. FEI Number	Applied For
21		26		59-3432193 59-344	HOOLO Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Continicate of Glatos Dosired	Fee Required
City & State	6	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	}	30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	e current year Intangible  Yes No
24	9. Name and Address of Current		301	10. Name and Address of New Registe	
BO	JAS, JAVIER A		81 Name		
	12 W. HENRY AVENUE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	MPA FL 33614		OL OUTER AUG	ress (1.0. Dox Hurriber is Not Acceptable)	
			83		
			84 City		85 Zip Code
<u></u>					┡ <b>╟</b> │ │
11. Pursuant office or re	to the provisions of Sections 607.0502 eastered agent, or both, in the States	rand 607.1508, Florida Statutes ⊶Ulorida. Such change was au	s, the above-named corp uthorized by the corporat	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered
agent. I a	of familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statutes.		ام ملیہ کی
SIGNATURE	James X.		AVIER A. M. Rugistered Agent's gnature requir	LIAS - DIRECTOR)	4 124 148
12.	Signatur - typed of printed manic of flug stere Lager OF FICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	7,0011010101111111111111111111111111111	☐ Change ☐ Addition
NAME	REINA, ANTHONY M	<b>,</b> ,	1.2 NAME		
STREET ADDRESS	201 W. LAUREL ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROJAS, JAVIER A		2.2 NAME		
STREET ADDRESS	8112 W. HENRY AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614	DELETE	2. 4 CITY - S1 - ZIP 3.1 TITLE	IRECTOR.	Change Addition
TITLE NAME	ROJAS, JACQUELINE M	בין טנגנונ	3.1 TITLE 3.2 NAME	il celloic	TH custific Thy variation
STREET ADDRESS	806 W JEAN ST		3.3 STREET ADDRESS 30	106 W. JEAN ST.	
CITY-ST-ZIP	TAMPA FL		3.4. CITY - ST - ZIP	The state of the s	
TITLE		DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Theiere	5.4 CITY-ST-ZIP		Obanga Lider-
TITLE		DELETE	6.1 TITLE		Change Addition
NAME OVERTY ADDRESS			6.2 NAME		

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 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

6.4 CITY-\$1-ZIP