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FILED

May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088640 (3)

1. Corporation Name

AMERIDIS CORPORATION

Principal Place of Business

240 1ST AVENUE SOUTH #400
ST. PETERSBURG FL 33701

Mailing Address

~~P.O. BOX 20248~~
ST. PETERSBURG FL 33742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1996

4. FEI Number

59-3408101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1000 S. Harbour Island Blvd.

Suite, Apt. #, etc.

22 Suite #608

City & State

23 TAMPA FL

Zip

24 33602

Country

25 USA

2a. Mailing Address

26 PO BOX 20248

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

TYRANSKI, GAET
240 1ST AVENUE SOUTH #400
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

Kent G. Whittemore

82 Street Address (P.O. Box Number is Not Acceptable)

1 Beach Dr SE Ste 205

83

84 City

St Petersburg

FL

85 Zip Code

33701

11. Pursuant to the provisions of Sections 607.5502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 his, if applicable

Kent G. Whittemore

4/28/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D

STREET ADDRESS TYRANSKI, GAET

CITY-ST-ZIP 240 1ST AVENUE SOUTH #400

ST. PETERSBURG FL 33701

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D, VP, S, T

1.3 STREET ADDRESS 11400 4th ST N #1307

1.4 CITY-ST-ZIP St. Petersburg, FL 33716

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D, P Geoffrey R. Enck

2.3 STREET ADDRESS 1000 S. Harbour Island Blvd. #2608

2.4 CITY-ST-ZIP TAMPA FL 33602

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME James Powers

3.3 STREET ADDRESS 250 Mercer St. #C216

3.4 CITY-ST-ZIP New York, NY 10012

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

GABY TYRANSKI

4/28/98

8138787700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FAX DATA

CP2E034 (10/97)