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

P96000091045 (0)

DAT LIF	E PROFERILES, INC.								
Principal Place	e of Business	Mailing Address				T KORNIGON HAN TORIO DANN ORNI DANK D		i ilän öbili sibe	A BYLL LODI
14039 CASCADE LANE TAMPA FL 33618		14039 CASCADE LANE TAMPA FL 33618			20 107 1107	·	00405		
						DO NOT WRIT		SPACE	
						3. Date Incorporated or Qualified			
2. Principal Place of Business 2a, Mailing Addre						10/28/1996 4. FEI Number			plied For
21	lace of bosiness	26						Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				59-3410100		\$8.75 A	
22		27				5. Certificate of Status Desired		Fee Re	
City & State	9	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Country	y		8. This corporation owes or has p			
24	25	29	30			Personal Property Tax due Jun			
	9. Name and Address of Curre	nt Registered Agent		T		10. Name and Address of New R	egistered	Agent	
	/Lor, doris m		81	Nan	ae				
	1 W HILLSBOROUGH AVE		82	82 Street Add		ss (P.O. Box Number is Not Accepta	able)		
TAN	APA FL 33614		63					,	
			84	City				85 Zip C	ode.
				""			FL	. -	
SIGNATURE	to the provisions of Sections 607 056 egistered agent, or both, in the State or familiar with, and accept the oblig Signature, typed or printed cannot of registered ag					when reinstailing)	porpose or app	ointment as r	registered
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE	.1 TITLE				Change	Addition
NAME	TAYLOR, RODNEY L		12 NAME						
STREET ADDRESS 14039 CASCADE LANE			1.3 STREET ADDRESS		is 8				
CITY-ST-ZIP	TAMPA FL 33618		14 CITY-ST-ZIP						
TITLE		DELETE 21		2 1 TITLE				☐ Change	☐ Addition
NAME	221		2.2 NAME						
STREET ADDRESS	DORESS		2.3 STREET ADDRESS		is				
CITY - ST - ZIP			2 4 CITY-	ST - ZIP	<u> </u>				
TITLE		☐ DELETE	31 TITLE					Change	Addition
NAME		3.2			ŀ				
STREET ADDRESS			3.3 STREET	T ADDRES	is				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRES	iS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	T ADDRES	is				
CITY-ST-ZIP			5.4 CITY - 5	ST - ZIP					
TITLE	DELETE 6.11		6.1 TITLE					Change	☐ Addition

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 of 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 for on in attachment with an address. RODNEY L. TAYLOR, PRESIDENT 4.29.48 SIGNATURE:

6.2 NAME

FILED

May 13 1998 8:00am

Secretary of State