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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 # P9600093341

RAMON J. ARRAZCAETA,

Please Note

Principal Place of Business

Mailing Address

SEES-BAGRAMENTO DRIVE-NEW PORT RICHEY FL 34655 9226 SACRAMENTO DRIVE-NEW PORT RICHEY FL 34655 DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

11/08/1996

A = A + A				1	DO NOT WHITE IN THIS OF MOE				
New Address 7				3.	3. Date Incorporated or Qualified				
					11/08/1996				
2. Principal Place of Bysiness	2a. Mailing Address	$\overline{}$		4.	FEI Number		Applied For		
21 3576 Elfers Parkway	26 3576 Elfers	tai	- Kway	j	59-3410895		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					Certificate of Status Desired		75 Additional se Required		
City & State City & State City & State City & State L 28 New Port Richev			FL	1	Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees		
Zip Country 24 34655 25	710 Country 29 34655 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
ARRAZCAETA, RAMON J			larne						
9226 SACRAMENTO DRIVE NEW PORT RICHEY FL 34655			treet Addres	ess (P.O. Box Number is Not Acceptable)					
		83							
		84 (City		FL	85	Zip Code		
11. Pursuant to the provisions of Sections 607.0502 a	nd 607.1508. Florida Statutes, the at	oove-n	amed corpo	oration	submits this statement for the purpose of	chang	ing its registered		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 harve of registered agent and blue if applicable (NOTE Registered Agent signature required whon reinstaling) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE TITLE 1.1 TITLE ARRAZCAETA, RAMON J NAME 1.2 NAME 9226 SACRAMENTO DRIVE STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL 34655** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition T/TLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHTY - \$1 - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITE F 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change 6.1 TITLE Addition TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 Pleck 13 if chapter 607, Florida Statutes; and that my name appears in

Block 12 or Block 13 if changed or on an attachment with an address.

4/12/98

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