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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093483 (1)

FILED Jan 23 1998 8:00am Secretary of State

IANTAL LI	EEF, ING.					A CONTRACTOR LAW COLOR OFFICE STATE STATE COLOR DELICATION FOR THE COLOR OFFICE COLOR OFFI	I	
Principal Plac	e of Business	Mailing Address) seminan lie lesch Arsii mailt beite ablit naite Lurge isis annat isies tils lan	i	
G137 -6137 RIDGE ROAD G137 -6137 RIDGE ROAD								
PORT RICHEY FL 34668 PORT RICHEY FL 34668								
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	1	
						11/14/1996		
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied Fo	Ot.	
21		26	· ' · · · · · · · · · · · · · · · · ·			59-3436358 Not Applic		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	al	
22		27				Fee Required		
City & Stat	e	<u>⊢</u> , ′	City & State			6. Election Campaign Financing \$5.00 May Be	,	
23		28				Trust Fund Contribution Added to Fees		
Zip ─	Country	Zip Country				8. This corporation owes or has paid the current year Intangible		
24	25		29 30			Personal Property Tax due June 30. X Yes No		
	9. Name and Address of Curren	it Hegistered Agent		041		10. Name and Address of New Registered Agent		
KA	UFFMANN, JOHN M			81	Name			
6137 -8131 RIDGE RD				82 Street Ac		ess (P.O. Box Number is Not Acceptable)		
P0	RT RICHEY FL 34668							
				83			- 1	
				84	City	or Via Code		
				64	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the al	bove	-named corpo		ered	
office or r	registered agent, or both, in the State	of Florida. Such change was	authorize	d by	the corporatio	oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as register	ed	
	are accept the congr	anona or, decuor do	ionioa Oter		•			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registere	d Agen	t signature required	d when reinstating) DATE	— I.	
12.				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE				☐ Change ☐ Ado	dition	
NAME	KALIFEMANN JOHN M		1.2 N	1.2 NAME			- 13	
STREET ADDRESS	Y17/ managan		1.3 STREET ADDRESS		ADDRESS		5	
CITY-ST-ZIP	PORT RICHEY FL 34668		1.4 CITY				ļ	
TITLE	1 0111 1 10100	DELETE			- 2,1"	Change Ado	lition C	
NAME			2.2 N/			and the state of t	,,,,,,	
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CITY-ST-ZIP TITLE					-ZIP	Change Ado	Dien	
	T DEFEIF		ı	3.1 TITLE		E Change Acc	AUDIT	
NAME			3.2 NA					
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP		I''l ac.e		ITY-ST	- ZIP			
TITLE	☐ DELETE		4,1 111	4.1 TITLE		☐ Change ☐ Add	tition	
NAME			4.2 N	AME				
STREET ADORESS			4.3 ST	REET A	DORESS			
CITY-ST-ZIP			4.4 CF	TY-ST	- ZIP			
TITLE		DELETE	DELETE 5.1 TI		1	Change Add	lition	
NAME			5.2 NA	AME				
STREET ADDRESS	5.7		5.3 ST	REET A	DDRESS			
CITY-ST-ZIP	1		- 1	TY-ST-				
TITLE			6.1 717			☐ Change ☐ Add	lition	
NAME			6.2 NA					
STREET ADDRESS					DDRESS			
			4		i			
CITY-ST-ZiP	certify that the information supplied wi	th this filing does not qualify f		TY-ST- empti		ection 119.07(3)(i). Florida Statutes. I further certify that the informati	lon	
indicated	on this annual report or supplementa	annual report is true and acc	curate and	i that	my signature	ection 119.07(3)(i), Florida Statutes. I further certify that the informate shall have the same legal effect as if made under oath; that I am a	n	

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.