SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 07 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 # **P96000101980 (6)**

1. Corporation Name
STOYKO TCHOMPALOV INC.

Principal Place of Business	Mailing Address
657 99TH AVENUE NORTH. #204 ST. PETERSBURG FL 33702	657 99TH AVENUE NORTH. #204 ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 621 99th AVEN Suite, Apt. #, etc. 22 UNIT # 103 City & State 23 ST. PETERSBURG FL. Zip 24 33702 Country 25 USA.	2a. Mailing Address 26 621 99th AVE N Suite, Apt. #, etc. 27 UNIT # 103 City & State 28 ST. PETERSBURG FL Zip 29 33702 Country 30 USA

3. Date Incorporated or Qualified: 12/16/1996

4. FEI Number: 59-3410813 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRENKOVA, NADJA IVANOVA 657 99TH AVENUE NORTH UNIT 204 ST. PETERSBURG FL 33702	81 Name: TRENKOVA, NADJA IVANOVA 82 Street Address (P.O. Box Number is Not Acceptable): 621 99th AVEN. 83 UNIT # 103 84 City: ST. PETERSBURG FL 85 Zip Code: 33702

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida 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: X Nadja Trenkova — SEPT 8 98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P. ☐ Change ☐ Addition
NAME	TCHOMPALOV, STOYKO	1.2 NAME	
STREET ADDRESS	657 99TH AVENUE NORTH, #204	1.3 STREET ADDRESS	621 99th AVE. N.
CITY-ST-ZIP	ST. PETERSBURG FL 33702	1.4 CITY-ST-ZIP	UNIT # 103 ST. PETERSBURG FL. 33702
TITLE	V.P. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TRENKOVA, NADJA IVANOVA	2.2 NAME	
STREET ADDRESS	621 99th AVE N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	UNIT # 103 ST. PETERSBURG FL. 33702	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	200002557812 -10/07/98--01073--007 ***150.00
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/98)

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: Stoyko Tchompalov — SEP 8 98