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 # P96000104247 (7)

FILED Jan 22 1998 8:00am Secretary of State

ny dei	LI, INC.					
						<u> </u>
Principal Plac	e of Business	Mailing Address				<u> </u>
7630 34TH AVENUE NORTH 7630 34TH AVENUE NORT						
ST PETERSBURG FL 33710 ST PETERSBURG FL 337						
					DO NOT WRITE IN THIS SPACE	
					 Date Incorporated or Qualified 01/01/1997 	
2. Principal Place of Business 2a. Mail			Mailing Address		4. FEI Number 0. / /	Applied For
21		26	26		59-34 13 42	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			6. Certificate of Status Desired	Fee Required
City & State		City & State	<u> </u>		6. Election Campaign Financing	\$5.00 May Be
Z ip	Country		Zip Country		Trust Fund Contribution	
24	25	29	30	,,,	8. This corporation owes or has pai Personal Property Tax due June	
	g, Name and Address of Cure				10. Name and Address of New Reg	
HA	STINGS, DAVID C		8	1 Name		
19941 GULF BLVD.			8	2 Street Addr	ess (P.O. Box Number is Not Acceptable	le)
#E			L			
INDIAN SHORES FL 34635			ļ ⁶	3		
			ē	4 City		85 Zip Code
dd Dimerinat	to the provisions of Continue 607.0	502 and 607 1500. Florida	Statutes the abo	No nomed core	position authority this atotament for the au	FL 69 Zip code
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.						
	m familiar with, and accept the obl	igations of, Section 607.05	005, Florida Statut	es.		1
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registered A	igent signature requir	ed when reinstating)	DATE
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITL€	PD	☐ DELE	ETE 1.1 THICK			Change Addition
NAME	GREGORIEFF, GUS		1.2 NAM	E		
Street address	7630 34TH AVENUE NORTH		1.3 STRE	et address	•	,
CITY-ST-ZIP	ST PETERSBURG FL 32710	DELE		- ST- ZIP		Change Addition
TITLE NAME	GREGORIEFF, CHYREL	occ	TE 2.1 TITLE 2.2 NAM			Change E Abbillon
STREET ADDRESS	7630 34TH AVENUE NORTH	4 NORTH		ET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 32710			-ST-ZIP		
TITLE		DELE				☐ Change ☐ Addition
NAME			3.2 NAM	F		
STREET ADDRESS			3.3 STRE	et address		ļ
CITY-ST-ZIP			3.4. CITY	'- ST- Z IP		
TITLE		DELE	TE 4.1 TiTLE			Change Addition
NAME			4. 2 NAM	E		ļ
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP		FT pour	4.4 CfTY			Dispersion Addition
TITLE		DELE				Change Addition
NAME CTOSET ADDOSESS			5.2 NAM			
STREET ADORESS			5.3 STRE 5.4 CITY	ET ADDRESS		
CITY-ST-ZIP TITLE		DELE				Change Addition
NAME .			6.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	1		64 C(TY	•		
	entify that the information supplied	with this filing does not at			Section 119 07(3)(i) Florida Statutes 1.f.	urther certify that the information

4. 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 comporation 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 ghall get for on an attachment with an address.

SIGNATURE / MUNIC & MIRACLES

1/12/98 (813)345-1560