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 #
1. Corporation Name

P9700000754 (6)

WAREH	MANN, IN	IC											
Principal Plac	e of Busines	ss		N	lailing Addre	ss					-{) 	HARI Bişi (\$.5)
904 SE 14TH AVENUE 904 SE 14TH AVENUE CAPE CORAL FL 33990 CAPE CORAL FL 33990										DO NOT WRITE IN THIS SPACE			
											3. Date Incorporated or Qualified		
						 					01/02/1997		
2. Principal P	face of Busin	ness		2a. Mailing Address							4. FEI Number		Applied For
Suite, Apt. #, etc.					[26]						65-07/6357		lot Applicable
22			Suite, Apt. #, etc.							5. Certificate of Status Desired		Additional Regulred	
City & State					City & State						Election Campaign Financing		May Be
23					28						Trust Fund Contribution	Added	to Fees
Zip	Country			Zip			Country				8. This corporation owes or has paid the curre		
24	25 25 9. Name and Address of Currer				29 30								No No
			ress of Curren	t Hegis	stered Agent	<u> </u>		81	Name		10. Name and Address of New Registered Ag	ent	
	vre, Willia							٠,	Ivame				
904		B			Street /	Addre	dress (P.O. Box Number is Not Acceptable)						
LA	PE CORAL	FL 3399	U				Ì	83	 				
•							i	84],		FL		Code
11. Pursuant office or ragent. I a	to the provis registered ac im familiar w	sions of Se gent, or bo ith, and ac	ctions 607.050; th, in the State ccept the obliga	2 and 6 of Flori ations c	307.1508, Flo ida. Such cha of, Section 60	orida Statute ange was a 07.0505, Flo	s, the at uthorized rida Stati	iove i by	e-named y the corp s.	corpo	oration submits this statement for the purpose of c on's board of directors. I hereby accept the appoi	hanging ntment a	its registered s registered
SIGNATURE													
	Signature, typed		me of registered age. OFFICERS AND			(NOTE		Age	ent signature	required	ad when reinstating) DATE	UDEOT A	70 11 40
12. TITLE	D		OFFICERS AND	JUINE		DELETE	13.	ıF			ADDITIONS/CHANGES TO OFFICERS AND D	Change	
NAME	-	WILLIAM				oli e i e	1.2 NA	_			•	_ cumigo	
STREET ADDRESS			ANDE BLVD.	NF			1.3 STREET ADDRESS						
CITY-ST-ZIP	1 45 655555					1 146			ST-ZIP				\
TITLE	D					DELETE	2.1 TIT					Change	Addition
NAME	WARE, I	LINDA J					22 NA	ME	i			-	
STREET ADDRESS			ANDE BLVD,	NE			2.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	ST PETI	<u>ERSBUR</u> (3 FL 33703				2.4 CI	<u>1Y-8</u>	ST-ZIP				
TITLE	D					DELETE	3.1 TIT	LÉ				Change	Addition
NAME		RICHARD	-				3.2 NA	ME	1				
STREET ADDRESS		ADISON					3.3 ST	REET	ADDRESS				į
CITY-ST-ZIP	LARGO	FL 3464	<u> </u>			·	3 4. CI	_	ST - ZIP				
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NAME							4. 2 NA		[ļ
STREET ADDRESS							4.3 ST	ÆET	ADDRESS				ļ
CITY-ST-ZIP						DE ETC	4.4 CII		T-ZIP				
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NAME							5 2 NA		į				Į
STREET ADDRESS									ADDRESS		•]
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TITLE .					L	DELETE	6.1 TIT		ļ		L	Change	☐ Addition
I NAME	7						■ 6.2 NA	MŁ					

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 required 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-

6.3 STREET ADDRESS

SIGNATURE: LINDA J. WARE

STREET ADDRESS

May

4-1-98 941-574-5001

FILED

Apr 06 1998 8:00am

Secretary of State