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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700001708 (1)

GORDON & CASAGRANDE, P.A.

Mailing Address

FILED Jan 28 1998 8:00am Secretary of State



2325 ULMERTON ROAD. SUITE 12 CLEARWATER FL 34622		2325 ULMERTON ROAD. SUITE 12 CLEARWATER FL 34622		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 01/01/1997	
2, Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			59 - 343 - 1540	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zin	Zip Country		Trust Fund Contribution	Added to Fees
24	25 29 30			y 8. This corporation owes or has paid the currey 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		
GORDON, LYNDI				Name		
2325 ULMERTON ROAD, SUITE 12 CLEARWATER FL 34622			82	! Street Add	iress (P.O. Box Number is Not Acceptable)	
0.0	लासारराज्य स्थापन स्थापन		83			
			84	City		85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statut ete of Florida, Such change was	tes, the abov authorized b	e-named cor y the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered appointment as registered
agent. I a SIGNATURE	m tamiliar with, and accept the ob-	ligations of, Section 607.0505, Fi	orida Statute	S.		
SIGNATURE.	Signature, typed or printed name of registered		IE: Registered Ag	ent signatura requi	ired when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	gordon, Lyndi	☐ DELETE	1.1 TITLE	ļ		Change
NAME STREET ADDRESS	2325 ULMERTON ROAD, S	HITE 12	1.2 NAME	T ADDRESS		
CHTY-ST-ZIP	CLEARWATER FL 34622	VIII IE	1.4 CITY-	í	211 3376	2_
TITLE	D	DELETE	2.1 TITLE			Change
NAME	CASAGRANDE, REBECCA		22 NAME	[
STREET ADDRESS	2325 ULMERTON ROAD, S	UITE 12	2.3 STREE	1 ADDRESS		_
CHTY-ST-ZIP	CLEARWATER FL 34622		2.4 CITY-	S1-ZIP	ZIP 3376	
TITLE	-	☐ DELETE	3.1 TITLE			Change Addition
NAME CERTAINING			3.2 NAME	1 1000000		
STREET ADDRESS CITY-ST-ZIP			3.3 STREE 3.4, CITY -	T ADDRESS		
TITLE		DELETE	4.1 THLE	31-ZIF		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			4.4 CITY-	S1-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREET	T ADDRESS		
CITY-ST-ZIP		T 5-1-2-2	5.4 CITY - S	31 - ZIP		
TITLE		☐ DELETE	6.1 TITLE	}		Change Addition
NAME	1		6.2 NAME			İ
STREET ADDRESS			6.3 STREET]
THEY STORE 1			■ KACITY_9	aline I		

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:

Typoli Sodon

1/19/98

813 573-2221