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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sechetary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700003159 (5)

FILED Aug 12 1998 8:00am Secretary of State

Principal Place of Business 905 M.L. KING JR. DRIVE. SUITE 217 TARPON SPRINGS FL 34689	Mailing Address 905 M.L. KING JR. DRIVE. TARPON SPRINGS FL 346		DO NOT WRITE IN THI 3. Date incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		01/06/1997 4. FEI Number	Applied For
21	26		59-3414051	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	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 o	
24 25 9. Name and Address of Curr		30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
ROSE, MARVIN B JR.		81 Name	ioi - man mile - manage of them traditione	
905 M.L. KING JR. DRIVE, SUITE 217		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
TARPON SPRINGS FL 34689				·
		83		
		84 City		85 Zip Code
Pursuant to the provisions of Sections 607.6 office or registered agent, or both, in the Stagent. I am familiar with, and accept the ob-	0502 and 607.1508, Florida Statute: ate of Florida Such change was au digations of, Section 607.0505, Flor	s, the above-named corporations, the corporation idea Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered ppointment as registered
Signature, typed or printed name of repistored		Registered Agent signature require		
TITLE 20 D	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS ROSE, MARVIN B QDS ML KING TR	. J.	1.2 NAME		
STREET ADDRESS 905 ML KING TR	DR #217	1.3 STHEET ADDRESS		
CITY-ST-ZIP TREPON SPENIS	, o 3400,	1.4 CITY-ST-ZIP		
TITLE	∐ DELETE	2.1 TITLE		Change
NAME		2.2 NAME		
STREET ADDRESS CITY-SI-ZIP		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		
TITLE	DELETE	3.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STHEET ADDRESS		
CITY-ST-ZIP	DELETE	3 4. CITY-ST-ZIP 4.1 TITLE		Change Addition
THILE NAME		4.1 TILLE 4. 2 NAME		L Change L Addition
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	DELETE	5.4 City-St-ZiP		Change Addition
I TITLE	L_ VELCTE	6.1 TITLE		Change Addition
NAME STREET ADDRESS		6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-2IP		6.4 CITY-ST-ZIP		
VIII VI-411		9.3 VIII - 91 - 211	240.05/00/2015	

14. Thereby 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.