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FILED
Jun 01 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 # P97000006396 (0)

1. Corporation Name

SEKAJPO & CO., INC.

~~DBA COMPREHENSIVE BUSINESS SERVICES~~

Principal Place of Business

Mailing Address

~~10917 HYACINTH AVE
TAMPA FL 33612~~

~~10917 HYACINTH AVE
TAMPA FL 33612~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 10630 N. 56TH ST.

Suite, Apt. #, etc.

22 202

City & State

23 TAMPA FL

Zip

24 33617

Country

25

2a. Mailing Address

26 10630 N. 56TH ST.

Suite, Apt. #, etc.

27 202

City & State

28 TAMPA FL

Zip

29 33617

Country

30

3. Date Incorporated or Qualified

01/16/1997

4. FEI Number

59-3419959

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

SEKAJPO, LAWRENCE D
10917 HYACINTH AVE
TAMPA FL 33612

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SEKAJPO, LAWRENCE D
STREET ADDRESS 10917 HYACINTH AVE
CITY-ST-ZIP TAMPA FL 33612

TITLE
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002544845
-06/02/98--01023--015
***150.00

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 in an attachment with an address.

SIGNATURE

Lawrence D. Sekajpo

4-24-98 (813) 989 3100

CR2E034 (10/97)