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

POCUMENT # P9700006992 (6)

FILED Feb 02 1998 8:00am Secretary of State

ALL AM	IERICAN FORM			ng Address		· · · · · · · · · · · · · · · · · · ·										
855 THIRD ST S SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695																
OFFICE THIS	DOI! 12 01000		On L	THAIDON 16 O	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						O NOT WE	RITE IN	THIS S	PACE		
-									t .	Incorporate 17/1997	d or Qualifie	ed				
2. Principal Place of Business			2a. Mailing Address						4. FEIN	umber 7 - 34	1932	<u>ν</u> 3				lied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						5. Certif	icate of Stat	us Desired		<u> </u>	+		dditional quired	
City & State	e ·	-		ty & State					6. Elect	on Campaig	n Financing	9		\$5.0)O M	lay Be
13			28						Trust	Fund Contri	bution		J			Fees
Zip		untry	Zij	p	Cou	untry	/			corporation (•	_			
24	25	drage of Comments	29	nd Amen's	30	т				nai Property and Addri				Yes		No
140	. 4 	dress of Current	. Hegistere	ea Agent		81	Name		IU, NBM	ana Adan	DAR OL NOW	vaðis	IGIGO A	Anur		
	MANUS, ROBERT	A										,				
	5 THIRD ST S FETY HARBOR FL	04005				82	Street	Addres	ss (P.O. Bo	x Number i	s Not Accer	ptable)	ı			
QAI	reli nanbon ru	. 34083				83										
														1		
						84	City						FL	85 2	ip Co	000
office or re	to the provisions of s registered agent, or l im familiar with, and	both, in the State of	of Florida.	Such change was	authoriza	d hv	the co	noratio	n'e board	of directors	I hereby ac	copt t	he appo	ointment	as re	egistered
SIGNATURE													DATE			
SIGNATURE	Signature, typed or printed		ni and trie if ap	plicable (NO					d when reinstat				DATE			
SIGNATURE		namo of registered agent	ni and trie if ap	plicable (NO	DTE Registere	d Age			d when reinstat	ng)			DATE		ORS	
SIGNATURE	D MCMANUS, RC	name of registered agen OFFICERS AND	ni and trie if ap	plicable (NO	DTE Registere	ITLE			d when reinstat	ng)			DATE	DIRECT	ORS	IN 12
SIGNATURE 12. TITLE	D MCMANUS, RC 855 THIRD ST	name of registered agent OFFICERS AND OBERT A S	ni and trie if ap	plicable (NO	DTE Registere 13. 1.1 10	ITLE			d when reinstat	ng)			DATE	DIRECT	ORS	IN 12
SIGNATURE 12. TITLE NAME	D MCMANUS, RC 855 THIRD ST SAFETY HARB	name of registered agent OFFICERS AND OBERT A S	ni and trie if ap	ptcable (NC DRS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C	ITLE IAME TREET	ent signatur		d when reinstat	ng)			DATE	DIRECT Chang	ORS	IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCMANUS, RC 855 THIRD ST SAFETY HARBOD	OFFICERS AND	ni and trie if ap	plicable (NO	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI	ITLE IAME TREET ITY-S	ent signatur		d when reinstat	ng)			DATE	DIRECT	ORS	IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT	OFFICERS AND	ni and trie if ap	ptcable (NC DRS DELETE	13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI	ITLE IAME TREET ITY-S ITLE	ADORESS		d when reinstat	ng)			DATE	DIRECT Chang	ORS	IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT 860 FOURTH S	OFFICERS AND	ni and trie if ap	ptcable (NC DRS DELETE	13. 1.1 T/ 1.2 N. 1.3 S 1.4 C 2.1 T/ 2.2 N. 2.3 S	ITLE IAME TREET ITLE IAME TREET	ent signalur ADORESS ST - ZIP		d when reinstat	ng)			DATE	DIRECT Chang	ORS	IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT	OFFICERS AND	ni and trie if ap	PICEBBIE (NO DRS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C	ITLE IAME TREET ITLE IAME TREET ITLE IAME TREET	ADORESS		d when reinstat	ng)			DATE RS AND	DIRECT Chang	ORS ge	IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT 860 FOURTH S	OFFICERS AND	ni and trie if ap	ptcable (NC DRS DELETE	DTE Registere 13. 11.10 12.N 13.5 14.0 21.11 22.N 23.5 2.4.0 31.11	ITLE IAME ITREET ITLE IAME TREET ITLE ITREET	ent signalur ADORESS ST - ZIP		d when reinstat	ng)			DATE RS AND	DIRECT Chang	ORS ge	IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT 860 FOURTH S	OFFICERS AND	ni and trie if ap	PICEBBIE (NO DRS DELETE	DTE Registere 13. 11.10 12.N 13.5 14.0 21.11 22.N 23.5 2.4.0 31.11 32.N	ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITREET ITREET ITLE IAME	ADORESS ST - ZIP ADDRESS ST - ZIP		d when reinstat	ng)			DATE RS AND	DIRECT Chang	ORS ge	IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT 860 FOURTH S	OFFICERS AND	ni and trie if ap	PICEBBIE (NO DRS DELETE	DTE Registere 13. 11 TI 12 N. 13 S 14 C 21 TI 22 N. 23 S 2. 4 C 31 TI 32 N. 33 S	ITLE IAME ITREET ITLY-S' ITLE IAME TREET ITLE ITLE ITLE ITLE ITLE ITLE ITLE I	ent signalur ADORESS ST - ZIP		d when reinstat	ng)			DATE RS AND	DIRECT Chang	ORS ge	IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT 860 FOURTH S	OFFICERS AND	ni and trie if ap	PICEBBIE (NO DRS DELETE	DTE Registere 13. 11 TI 12 N. 13 S 14 C 21 TI 22 N. 23 S 2. 4 C 31 TI 32 N. 33 S	ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITREET ITREET	ADDRESS ST - ZIP ADDRESS ST - ZIP		d when reinstat	ng)			DATE	DIRECT Chang	ORS ge	IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT 860 FOURTH S	OFFICERS AND	ni and trie if ap	DELETE DELETE DELETE	DTE Registere 13. 11 TI 12 N. 13 S 14 C 21 TI 22 N. 23 S 2. 4 C 31 TI 32 N. 33 S 34 C	ITLE ITLE ITREET ITTLE	ADDRESS ST - ZIP ADDRESS ST - ZIP		d when reinstat	ng)			DATE	DIRECT Chang	ORS ge	IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT 860 FOURTH S	OFFICERS AND	ni and trie if ap	DELETE DELETE DELETE	DTE Registere 13. 11 TI 12 N. 13 S 14 C 21 TI 22 N. 23 S 2. 4 C 31 TI 32 N. 33 S 34 C 41 TI 4 2 N.	ITLE ITLE ITREET ITLE IAME TREET ITLE IAME TREET ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITLE IAME	ADDRESS ST - ZIP ADDRESS ST - ZIP		d when reinstat	ng)			DATE	DIRECT Chang	ORS ge	IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME NAME NAME NAME	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT 860 FOURTH S	OFFICERS AND	ni and trie if ap	DELETE DELETE DELETE	DTE Registere 13. 11 TI 12 N. 13 S 14 C 21 TI 22 N. 23 S 2. 4 C 31 TI 32 N. 33 S 34 C 41 TI 4 2 N. 43 S	ITLE ITLE ITREET ITLE IAME TREET ITLE IAME TREET ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITLE IAME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		d when reinstat	ng)			DATE	DIRECT Chang Chang	ORS ge ge	IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT 860 FOURTH S	OFFICERS AND	ni and trie if ap	DELETE DELETE DELETE	DTE Registere 13. 11 TI 12 N. 13 S 14 C 21 TI 22 N. 23 S 2. 4 C 31 TI 32 N. 33 S 34 C 41 TI 4 2 N. 43 S	ITLE IAME TREET ITLE IAME TREET	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		d when reinstat	ng)			DATE	DIRECT Chang	ORS ge ge	IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT 860 FOURTH S	OFFICERS AND	ni and trie if ap	DELETE DELETE DELETE	DTE Registere 13. 11 TI 12 N. 13 S 14 C 21 TI 22 N. 23 S 2. 4 C 31 TI 32 N. 33 S 34 C 41 TI 4. 2 N. 4. 3 S 4. 4 C 51 TI 52 N.	ITLE IAME ITREET ITLE IAME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		d when reinstat	ng)			DATE	DIRECT Chang Chang	ORS ge ge	IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT 860 FOURTH S	OFFICERS AND	ni and trie if ap	DELETE DELETE DELETE	DTE Registere 13. 11 TI 12 N. 13 S 14 C 21 TI 22 N. 23 S 2. 4 C 31 TI 32 N. 33 S 34 C 41 TI 4. 2 N. 4. 3 S 4. 4 C 51 TI 52 N.	ITLE IAME ITREET ITLE IAME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		d when reinstat	ng)			DATE	DIRECT Chang Chang	ORS ge ge	IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT 860 FOURTH S	OFFICERS AND	ni and trie if ap	DELETE DELETE DELETE DELETE DELETE	DTE Registere 13. 1.11 12.N 13.S 1.4C 21.TI 22.N. 23.S 2.4C 3.1.TI 32.N. 33.S 34.C 41.TI 4.2.N 4.3.S 4.4.CI 5.1.TI 5.2.N. 5.3.S' 5.4.CC	ITLE IAME TREET	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		d when reinstat	ng)			DATE	DIRECT Chang Chang Chang	ORS je ge	IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT 860 FOURTH S	OFFICERS AND	ni and trie if ap	DELETE DELETE DELETE	DTE Registere 13. 11 TI 12 N 13 S 14 C 21 TI 22 N. 23 S 2. 4 C 31 TI 4. 25 4. 11 4. 26 4. 11 5. 2 N. 5. 3 S 5. 4 C 6. 1 TI	ITLE IAME ITREET ITLE ITLE ITLE ITLE ITLE ITLE ITLE I	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		d when reinstat	ng)			DATE	DIRECT Chang Chang	ORS je ge	IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT 860 FOURTH S	OFFICERS AND	ni and trie if ap	DELETE DELETE DELETE DELETE DELETE	DTE Registere 13. 11 TI 12 N 13 S 14 C 21 TI 22 N. 23 S 2. 4 C 31 TI 32 N. 33 S 34 C 41 TI 4. 2 N 4. 3 S 4. 4 C 5.1 TI 5.2 N. 5.3 S 6.4 C 6.1 TI 6.2 N.	ITLE IAME ITREET ITTLE IAME ITREET ITTLE IAME ITREET ITTLE IAME ITREET ITTLE IAME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		d when reinstat	ng)			DATE	DIRECT Chang Chang Chang	ORS je ge	IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCMANUS, RC 855 THIRD ST SAFETY HARB D REED, SCOTT 860 FOURTH S	OFFICERS AND	ni and trie if ap	DELETE DELETE DELETE DELETE DELETE	DTE Registere 13. 11 TI 12 N. 13 S 14 C 21 TI 22 N. 23 S 2.4 C 31 TI 32 N. 33 S 34 C 41 TI 4.2 A 43 S 44 CI 51 TI 52 N. 53 S' 54 CC 61 TI 62 N. 63 S'	ITLE IAME ITREET ITLE ITLE ITLE ITLE ITLE ITLE ITLE I	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		d when reinstat	ng)			DATE	DIRECT Chang Chang Chang	ORS je ge	IN 12 Addition Addition Addition Addition Addition

1. 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 informatic indicated on this 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.

True E Villan

1/26/29 402-7404

CR2E034 (10/97