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 # P97000012153 (7)

APRIL TATRO ENTERPRISES, INC.

7345 JACKSON SPRINGS ROAD, #3

TAMPA FL 33634

Principal Place of Business Mailing Address 1221 TERRA MAR DR. 1221 TERRA MAR DR. **TAMPA FL 33613** TAMPA FL 33613 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/05/1997 2, Principal Place of Business 2a. Mailing Address 26 21 Suite Ant # etc Suite, Apt. #, ofc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WATKINS, CARL T CPA

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 Statu of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

83

City

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

SIGNATURE (NOTE: Begistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change TITLE 1.1 TITLE NAME TATRO, APRIL 1.2 NAME 1221 TERRA MAR DRIVE 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33613** 1 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 THILE NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition 3 1 TITLE TITLE 32 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4 2 NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP DELFTE Change Addition 5.1 TITLE TIFLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 54 CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

Applied For Not Applicable

□ No

Zip Code

FILED

Mar 19 1998 8:00am

Secretary of State