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

DOCUMENT # P97000012220 (4)

THE TENEOT DEN CONTRACT					
Mailing Address					
P.O. BOX 272357 TAMPA FL 33688-2357					

FILED May 01 1998 8:00am Secretary of State

Suite, Apt. #, etc. 27 City & State City & State Zip Country Suite, Apt. #, etc. 5, Certificate of Status Desired 6, Election Campaign Financing Trust Fund Contribution Added to Fees 8, This corporation owes or has paid the current year Intangible	Principal Plac P.O. BOX 27/ TAMPA FL 33	2357	Mailing Address P.O. BOX 27235 TAMPA FL 3368	57 18-2357		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/05/1997 4. FE Number, Applied For
City & State Ci	21					
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TAMPA FL 33624 83 84 City FL 65 Zip Codo 11. Pursuant to the provisions of Socions 607 0902 and 607 1508, Florida Stetutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida-Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent to am familiar with, and accept the origination of Socions 607 0902 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent to am familiar with, and accept the origination abuse on 607 650, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRL CLORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRL CLORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME 13. SIRERT ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. NAME 13. SIRERT ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 22. NAME 13. SIRERT ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 23. SIRERT ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 24. SIRERT ADDRESS 15. TITLE						Aridress (P.O. Box Number is Not Acceptable)
### T1. SOZE B4 City FL B5 Zip Code T1. 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 agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. Signature Signatu						
11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its 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, or both, in the State of Florida Statutos. SIGNATURE DELETE 11 Title DELETE 11 Title DELETE 12 Title DELETE 13 Title DELETE 13 Title DELETE 14 Title DELETE DELETE 14 Title DELETE DELETE 14 Title DELETE 14 Title DELETE 14 Title DELETE 14 Title DELETE 14 Title DELETE 14 Title DELETE 14 Title DELETE 14 Title DELETE 14 Title DELETE 14 Title D	TAI	MPA FL 33624		E	3	
11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Section 607 0505, Florida Statutes. 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1001 1				8	4 City	FI 85 Zip Code
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recept centry 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 informatio indicated on this annual report or suppliemental 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, if on an attachment with an artises.

4/20/98

(813) 458-7513