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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

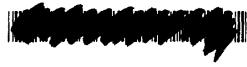
Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

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## **FILED** Jun 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1841 Greenhill Drive Clearwater, FL 34615 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifled 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 6441 Woodbod Lave <u>59-3425</u>25. 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be 23 New Trust Fund Contribution Added to Fees Zio Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Marks, William H Street Address (P.O. Box Number is Not Acceptable) 1841 Greenhill Drive Clearwater, FL 34615 84 City Zio 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 photed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstatings OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. TITLE Change Addition 1.1 TITLE marks, William H. 1841 Greenhill Drive 12 NAME NAME STREET ACCRESS 1.3 STREET ADDRESS CITY-ST-ZP learmater FL J.4 CITY-ST-ZIP Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET -OORESS 2.3 STREET ADDRESS CITY - ST - ZP 2. 4 CITY - ST - ZIP DELETE Landition TITLE 3.1 TITLE HAME 3.2 HAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE 4.1 TITLE STREET ADDRESS 4.3 STREET ADDRESS CITY-ST- 2P 44 CITY-ST-ZIP DELETE S.I TITLE NAME 5.2 NAME STREET -OCRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 500002550755 \_\_\_ DELETE ☐ Addition TITLE 6.1 TITLE MAME 82 NAME -06/08/98--01034--024 STREET ADDRESS **5.0 STREET ADORESS** \*\*\*158.75 64 City-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the pame legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes: and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.