## 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 # P97000013055 (3)

	BT LANE	Mailing Address 7327 AMHURST LANE CLEARWATER FL 3462				
					DO NOT WRITE IN THIS S  3. Date Incorporated or Qualified	SPACE
					02/10/1997	
<u> </u>	ace of Business	2a, Mailing Address			4. FEI Number 59-3129061	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CR 75 Additional	
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	<u></u>		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Cou	ntrv	Trust Fund Contribution  8. This corporation owes or has paid the cur	Added to Fees
24	25	29	30	,	Personal Property Tax due June 30.	] Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent
	3 FIRST AVE N, SUITE 201 PETERSBURG FL 33701			82 Street Addr 83 Street Addr 84 City	ess (P.O. Box Number is Not Acceptable)	85 Zip Code
SIGNATURE	to the provisions of Sections 607.05 egistered agont, or both, in the Stati in familiar with, and accept the oblig Signature, special or protest name or registerina as			pove-named corp d by the corporati utos. d Agent signature require	oration submits this statement for the purpose of ion's board of directors. I hereby accept the appeted when reinstating)  DATE	changing its registered ointment as registered
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	0	DELETE	1.1 11			☐ Change ☐ Addition
NAME	LONG, KAY		1.2 NA			
STREET ADDRESS	7327 AMHURST LANE CLEARWATER FL 34624		1	REET ADDRESS		Į
CITY-ST-ZIP TITLE	D DOCUMENT OF STREET	DELETE	2.1 10	TY-ST-ZIP		Change Addition
NAME	KIELHOFER, RAYMOND R		2.2 NA			_ ' _
STREET ADDRESS	7327 AMHURST LANE		2.3 ST	REET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34624		2 4 0	TY-ST-ZIP		
TITLE		DELETE	3.1 TIT	LE		Change Addition
NAME			32 NA	•		
STREET ADDRESS			1	REET ADDRESS		
CITY-SY-ZIP TITLE		DELETE	3.4. C	TY-ST-ZIP		Change Addition
NAME			4. 2 N			
STREET ADORESS				REET ADDRESS		)
CITY-ST-ZIP	_			IY-ST-ZIP		
TITLE		DELETE	5.1 10			Change Addition
NAME			5.2 NA	ME		j
STREET ADDRESS			5.3 S1	REET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————		TY-ST-ZIP		
TITLE		DELETE	6111	LE !		☐ Change ☐ Addition

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

6.2 NAME 6.3 STREET ADDRESS

0.01.45.155

NAME

STREET ADDRESS City-St-ZIP

Kay Jos

4/29/08

813524 1588

**FILED** 

May 11 1998 8:00am

Secretary of State