CR2E034 (10/97)

FILE NOW:	FILING	FEE	AFTER	MAY	1ST	21	\$550.00
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SIGNATURI

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B Mortham FILED ANNUAL REPORT Secressy of State DIVISION OF CORPORATIONS 93 JUN 30 AM 8: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business Applied For Not Applicable 21 Suite, Apt #, etc Suite Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 20 Trust Fund Contribution Added to Fees Country Žιρ Country Zia 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent . Name and Address of Current Registered Agent 81 82 83 11. Pursuant to the previsions 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 (NOT). Registerila Agent signature regional when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 12 NAMI NAME STREET ADDRESS 1.3 STEEL LADORESS 1.4 OUTY - \$1 - 7(P) CITY - ST - ZIP DELETE ☐ Change 2.1 Hite Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 City_St-705 CITY-ST-ZIE DETERMINED TO THILE 3.1 TITLE 🔲 Change 🔲 Addition 3.2 NAME ** NAME STREET ADDRESS 3.3 STREET ADDRESS ****150.00 ****150.00 CITY-ST-ZIP 3.4 CITY ST 7-P Addition DETC'E TITLE 4.1 11111 Change NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHY ST-7IP 🔲 îrribiî Change Add tini TITLE 51111.1 5.2 NAME NAME 5.3 STHEET ADDRESS STREET ADDRESS CHY-ST-ZIP 6.1 101.1 TITLE NAME 6.2 NAME STREET ADDRESS **GB STREET ADORESS** 14. Thereby certify that the information supplied with this fir haddes not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this annual report or supplience to an undercost sind accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or this corporation or the lock exist or history employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed to one in attaching with an address.



Ray Sepanski

941-566-3336 - 888-747-6754 Email: SepanskiR@aol.com

Realtor



Florida Department of State Division of Corporation PO Box 6327 Tallahassee, Florida 32314

Attn. Document Specialist -- Stacy Prather

RE: Profit Corporation Annual Report 1998

Dear Stacy:

I would appreciate it if you would process my renewal report for 1998. Because of the problems with the wrong address being applied to your correspondence, I have filled in the address in only one place. This address does not change and I see no need to keep repeating it. It may be the cause of errors in the past. I hope this document will now be process.

I am including a copy of my original filing, and you can see that my name or address has not been changed. I am also including another check for \$150.00 and hope that the one which is still floating around with your correspondence of June 5th which I have not received will someday be returned. (Not Cashed).. My telephone number is included on the form as it has in all other correspondence. If there is a problem or question please use it. Thank you for your assistance in this matter.

Sincerely,

Ray Sepanski

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