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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State,
DIVISION OF CORPORATIONS May 21 1998 8:00am Secretary of State



Dringing Dio	o of Purinana	Moiling Addrson			
Principal Place of Business Mailing Address					
1898 MARY'S MEADOW LANE 1898 MARY'S MEADOW LANE PALM HARBOR FL 34683 PALM HARBOR FL 34683					
FACE PARISO	M FE STOOS	FALM DANGON PE 34003		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				02/13/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	
21		26		59-348 3530 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		27		Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23	Country	28	Country	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24	25 9. Name and Address of Current		30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
		Hogisteroo Agent	81 Name		
AMERICANTER CHARTERED				SUSAN STRACHAN	
343 ALMERIA AVENUE			62 Street A	ddress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			63	STR MARY'S MEADOW CANC	
			••	•	
	•		64 City 0	CM HARBOR FL 85 Zip, Code 34883	
44 5	to the continue of Continue COT DUO	and CO7 1500 Florido Ctatuta		and the second second for the second of the second is a second second	
office or r	registered agent, or both, in the State o	and 607. 1508, Florida Statule I Florida. Such ch ange was a	uthorized by the corpo	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered	
agent. 1 a	rm (amiliar with, and accept the obligati	ons of Section 607.0505, Flor	rida Statutes.	1244/ 0000125 1/ 5 00/	
SIGNATURE	DUDONIA. DULL	iclary, SUSA.	N -J. SJK#	CHBX, PRESIDENT 4-5-98 equival when repositating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	DÉLETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	STRACHAN, SUSAN J		1.2 NAME	- · -	
STREET ADDRESS	1898 MARY'S MEADOW LANE		1.3 STREET ADDRESS		
CiTY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-ST-ZIP		
TITLE	VSD	DELETE	2.1 TITLE	Change Addition	
NAME	STRACHAN, WILLIAM L		2.2 NAME	_ , _	
STREET ADDRESS	1898 MARY'S MEADOW LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		2 4 CITY-ST-ZIP	,	
TITLE	774217 1 11 4 15 5 1 1 1 2 5 1 5 5 5	DELETE	31 TITLE	Change Addition	
NAME			3.2 NAME	· ·	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	Change Addition	
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
1			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME	. (
STREET ADDRESS			5.3 STREET ADDRESS	(4,2)	
			54 CITY-ST-ZIP	34	
CITY-ST-ZIP TITLE		DELETE	61 TITLE	☐ Change ☐ Addition	
NAME		Ent Metric	62 NAME	200002532752	
			63 STREET ADDRESS	-05/22/9801014010	
STREET ADDRESS				***150.00	
CITY-ST-ZIP	1		64 CITY-ST-ZIP		

14. I hereby 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 12 or Block 13 if changed or on an attachment with an address.