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 # P97000019912 (9)

LAW OFFICES OF PETER R. GIROUX, P.A.

Principal Place of Business Mailing Address										- I HORNINGO NIO 1800 KASU 1800 KANU NOUKA BOUN ORUKA HOKO 18010 (BUNU UDVA KAU 1801
1001 THIRD AVENUE WEST SUITE 360 BRADENTON FL 34205				1001 THIRD AVENUE WEST SUITE 360 BRADENTON FL 34205					DO NOT WRITE IN THIS SPACE	
										3. Date Incorporated or Qualified 03/03/1997
2.	Principal Pi	lace of Busi	ness	T	2a. Mailing Address					4. FELNumber Applied For
21	21				26					45-87322-44 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional	
22				City & State					Fee Required	
23					26					6. Election Campaign Financing Trust Fund Contribution Added to Fees
	Zip	Country Zip				Country			8. This corporation owes or has paid the current year Intangible	
24 25				29 30					Personal Property Tax due June 30. Wes 10. Name and Address of New Registered Agent	
	9, Name and Address of Current Registered Agent							Name		10, Name and Address of New Registered Agent
GIROUX, PETER R					<u> </u>					
1001 THIRD AVENUE WEST SUITE 360						82			Addres	ss (P.O. Box Number is Not Acceptable)
		ADENTON	FI 34205				83			
							84	City		85 Zip Code
							1	"		FL ` `
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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typod or printed name of registered agent and tille it applicable (NOTE Registered Agent signature required when reinstating) DATE										d when reinstation DATE
12		Signature, typic		CERS AND ()		(MO/E	13.	ent tignatur	e required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
711		D				DELETE	1.1 TITLE			☐ Change ☐ Addition
NA				1		1.2 NAME				
			IIRD AVENUE					ADDRESS		·
			ENTON FL 34205				1.4 CITY - 9	ST-ZIP	ļ	
TIT	· ·				L	DELETE	2.1 THTLE		1	☐ Change ☐ Addition
NAME						2.2 NAME				
STREET ADDRESS						2.3 STREET ADDRESS		1		
CITY-ST-ZIP TITLE			DELE			2. 4 CITY - ST - ZIP 3.1 TITLE		 -	☐ Change ☐ Addition	
NA							3.2 NAME			
	REET ADDRESS						3.3 STREET	ADDRESS	1	
cn	Y-ST-ZIP						3.4. CiTY-	ST-ZIP		
TIT	ιE					DELETE	4.1 TITLE			☐ Change ☐ Addition
NA	NAME			4.		4. 2 NAME				
STREET ADORESS					4.3 STAEET	ADDRESS				
CITY-S1-2IP					4.4 CITY-ST-ZIP		 	[A] [A]		
TITLE				Ŀ	DELETE 5.1 TITLE			☐ Change ☐ Addition		
	ME	!					5.2 NAME			
	REET ADDRESS						5.3 STREET			
CIT	Y-ST-ZIP				т	DELETE	5.4 CITY-S 6.1 TITLE	si-ZIP	+	Change Addition
NA.							6.2 NAME			front Vinerige Lindwicks
STREET ADDRESS						6.3 STREET ADD		ADDRESS	1	
1 -,,									1	

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 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 employered 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.

SIGNATURE:

98 941-750-66e16

FILED

Mar 12 1998 8:00am

Secretary of State