CR2E034 (5/98)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

E ON OR BEFORE 09/30/98: 1					
PROFIT PORATION JAL REPORT 1998		Sandra I Secreta	3. Morthum iry of State		
MENT # P97	70000224	88 (5)			
NAGEMENT CO., IN	ıර.	• •			
ncipal Place of Business Mailing Address  2 CHECTWATED LAKE DD 4503 CHECTWATED LAKE DD				I Indianal tip intil 1821; Bath matter partit partit	ifaid tibit grant raige efft ben.
SWEETWATER LAKE DR 4522 SWEETWATER LAKE DR TAMPA FL 33613			DO NOT WOLTE IN THE	88405	
					SPACE
				· ·	
2. Principal Place of Business		2a. Mailing Address		4. FELNumber	Applied For
Suite, Apt. #, etc,		26 Suite Ant # etc		39-344-1352	\$8.75 Additional
<i>π</i> , οιο,	<b>)</b> 1	ie, Apr. #, 016.		5. Certificate of Status Desired	Fee Required
е	City	y & State		6. Election Campaign Financing	\$5.00 May Be
1 000000			T. Causton	Trust Fund Contribution	Added to Fees
25 Z	29		30	Personal Property Tax due June 30.	Yes No
	of Current Registere	d Agent	81 Name	10. Name and Address of New Registered	Agent
			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
				<u> </u>	<u>.                                    </u>
registered agent, or both, in	is 607.0502 and 607.15 or the State of Florida, 9	508, Florida Statute	es the above-named coro		
	Tute State of Florida. C	Such change was a	authorized by the corpora	dion's board of directors. I hereby accept the appole	ntment as registered
am janilila) with, and accep	I the obligations of, sec	Such change was a action 607.0505, Flo	authorized by the corpora	filon's board of directors. I hereby accept the appole	anging its registered
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Signature, typod or printed name of a	I the obligations of, sec	ction 607.0505, Flocable (NC	authorized by the corpora orida Statutes.  TE Registered Agent signature re	tion's board of directors. I hereby accept the appoint	ntment as registered
Signature, typed or printed name of a	If the obligations of, sec agastered agent and title if applic	ction 607.0505, Flo	authorized by the corporal prida Statutes.  DTE Registered Agent signature re  13.  1.1711LE	tion's board of directors. I hereby accept the appoint	ntment as registered
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OF F  D POWELL, GARY J 4522 SWEETWATER L TAMPA FL 33613 D HURST, D. SCOTT 18643 AVE CAPRI	If the obligations of, see spice of agent and title if appli ICERS AND DIRECTO	ction 607.0505, Flocation (NO)	authorized by the corpora brida Statutes.  DTE: Registered Agent signature re  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 TITLE  2.2 NAME  2.3 STREET ADDRESS	tion's board of directors. I hereby accept the appoint	ID DIRECTORS IN 12  Change Addition
OFF  D  POWELL, GARY J  4522 SWEETWATER L  TAMPA FL 33613  D  HURST, D. SCOTT	If the obligations of, see spice of agent and title if appli ICERS AND DIRECTO	Cotion 607.0505, FIGURES  DELETE  DELETE	authorized by the corpora brida Statutes.  DTE: Registered Agent signature re  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	tion's board of directors. I hereby accept the appoint	ID DIRECTORS IN 12 Change Addition Change Addition
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	PROFIT PORATION IAL REPORT 1998 MENT # P97 INAGEMENT CO., IN e of Business ATER LAKE DR 13 Place of Business #, etc. e  Country 25 9. Name and Address LOOVERE, MURIEL 5 W CLEVELAND ST PA FL 33806	PORATION JAL REPORT  1998  MENT # P97000224  NAGEMENT CO., INC.  e of Business Mailing ATER LAKE DR 4522 St TAMPA  lace of Business 2a. Ma    4522 St TAMPA    26	PROFIT PORATION JAL REPORT 1998  MENT # P97000022488 (5) NAGEMENT CO., INC.  He of Business  ATER LAKE DR Hace of Business  H, etc.  Country  25  9. Name and Address of Current Registered Agent  LOOVERE, MURIEL W CLEVELAND ST PA FL 33606	PROFIT PORATION IAL REPORT 1998  MENT # P97000022488 (5)  NAGEMENT CO., INC.  e of Business ATER LAKE DR 13  face of Business  #, etc.  Country 25  9. Name and Address of Curront Registered Agent  LOOVERE, MURIEL 5 W CLEVELAND ST PA FL 33606  FLORIDA DEPARTMENT OF STATE Sandra B. Morth, m Secretary of State DIVISION OF CORPORATIONS  Address  4, etc.  Suite, Apt #, etc.  27  City & State 28  7 ip  Country 25  9. Name and Address of Curront Registered Agent  LOOVERE, MURIEL 5 W CLEVELAND ST PA FL 33606	PROFIT PORATION IAL REPORT  1998  MENT # P97000022488 (5) INAGEMENT CO., INC.  In Name # Assessment of Business  ATER LAKE DR 13  TAMPA FL 33613  DO NOT WRITE IN THIS  3. Date Incorporated or Qualified Q3/06/1997  4. FELDIUmbor Selection Campaign Financing Trust Fund Contribution  Country   25   28   30   30   50   50   50   50   50    9. Name and Address of Current Registered Agent  LOOVERE, MURIEL  WILLIAM COVERE, MURIEL  SW CLEVELAND ST PA FL 33808

14. I hereby certify that the information soliplied 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 trustly compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or or an extendment with in address.

CITY-ST-ZIP