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 # P97000026166 (3)

FILED May 08 1998 8:00am Secretary of State

PICCAD	DILLY LILLY, INC.			T (COMON ME INIC INDI NOM COM COM DEIN COM	
Principal Place	e of Business	Mailing Address		7 300 1100 1 110 100 11 100 11 100 11 100 11 100 11 100 11	tinia nichi iinit ditib biti inai
		345 ST ARMAND'S CIR			
SARASOTA FL 34236 SARASO		SARASOTA FL 34236		DO NOT WRITE IN TH	(IS SPACE
				3. Date Incorporated or Qualified	
				03/17/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0149/27	Not Applicable
Suite, Apt.	ਜ, e tC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	A	City & State		a studio Occupio Sicolica	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
WA	RHAM, STEPHEN		81 Name		
345 ST ARMAND'S CIR			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	ſ
SAI	RA SO TA FL 34236			· · · · · · · · · · · · · · · · · · ·	
	,		83		
			84 City		85 Zip Code
44 Duramont	to the provisions of Sections 607.050	12 and 607 1508 Florida Statut	oc the above named core	oration cubmits this statement for the nurses	
office or re	egistered agent, or both, in the State	of Florida. Such change was a	authorized by the corporation	oration submits this statement for the purpos ion's board of directors. I hereby accept the	appointment as registered
	rn familiar with, and accept the oblig	ations of, Section 607.0505, Fig	orida Statutes.		
SIGNATURE	Signature, typod or printed name of registered ag-	ont and title if applicable (NOT	Registered Agent signature require	ed when rainstating) DAT	Ē
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D	☐ DELET e	1.1 TITLE		Change Addition
NAME	WARNHAM, STEPHEN		1.2 NAME		
STREET ADDRESS	345 ST ARMAND'S CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236	[] DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE		L) DECETE	2.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 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		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	5.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME		ĺ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		ted Pittie	6.2 NAME		Change resulted
STREET ADDRESS			6.3 STREET ADDRESS		İ
CITY-ST-ZIP			6.4 City-St-ZiP		
	ertify that the information supplied w	oth this bling does not qualify for		Section 119 07/3\(i)\ Florida Statutes I further	r certify that the information

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stafed 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 of the protector 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 of the protector of trustee appears in address.

CIONATURE.

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