## 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 # P97000029183 (5)

## **FILED** Apr 20 1998 8:00am Secretary of State

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Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   South   Status
### Record Business ### Record Ft 34231  ### Record
### Record Status Desired   Surfice of Business   Surfice of Status Desired   Surfice of Business   Surfice of Surfice of Business   Surfice of Surfice of Surfice of Business   Surfice of Surfice of Surfice of Business   Surfice of
SARASOTA FL 34231  SARASOTA FL 34231  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/01/1997  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 25  Suite, Apt. #, etc. 5. Certricate of Status Desired Fee Required  City & State City & State City & State City & State Country Added to Fees Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  STARKER, TED 3822 BEACON WAY SARASOTA FL 34232  82  Sireet Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85  Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SARASOTA FL 34231  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifried  04/01/1997  4. FEI Number 5. Certricate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Trust Fund Contribution 7. The Added to Fee Required 7. Trust Fund Contribution 7. The Address of New Registered Agent 7. Name 8. Sireet Address of New Registered Agent 8. Sireet Address of Number is Not Acceptable) 8. Sireet Address of Number is Not Acceptable) 8. Sireet Address of Order of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Fiorida Statutes.  SIGNATURE
2. Principal Place of Business 2. Mailing Address 4. FEI Number 4. FEI Number 5. Certificate of Status Desired 3. Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Suite, Apt. #, etc. 7. City & State 7. City & State 7. Country 7. Country 8. This corporation owes or has paid the current year intengible 7. Personal Property Tax due June 30. Yes 8. This corporation owes or has paid the current year intengible 8. This corporation owes or has paid the current year intengible 8. This corporation owes or has paid the current year intengible 8. This corporation owes or has paid the current year intengible 8. This corporation owes or has paid the current year intengible 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 8. This corporation owes or has paid the current year intengible 9. Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent 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 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, 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.
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28. Mailing Address 29. Mailing Address 30. Mailing Address 40. FEI Number 6.5 Control 89.53 Applied For Not Applicable 30. Suite, Apt. #, etc. 30. Suite, Apt. #, etc. 31. City & State 32. City & State 33. Country 34. Fel Number 6.5 Certificate of Status Desired 5.5 Certificate
26 Suite, Apt. #, etc.  Suite,
Suite, Apt. #, etc.    Suite, Apt. #, etc.
City & State  City & State  City & State  28  Country  Zip  Country  Zip  Country  STARKER, TED  3622 BEACON WAY  SARASOTA FL 34232  City  City  Base and Address of Current Registered Agent  City  City  Country  STARKER, TED
City & State  Country  Country  Country  Zip  Country  Zip  Country  S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes  No  STARKER, TED  3622 BEACON WAY  SARASOTA FL 34232  B1 Name  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 Street Address (P.O. Box Number is Not Acceptable)  B4 City  FL 85 Zip Code  City Street Address of Current for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.
Zip Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  STARKER, TED  3622 BEACON WAY  SARASOTA FL 34232  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE
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SIGNATURE
SIGNATURE
SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE L Change L Addition
NAME STARKER, TED 12 NAME
STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 1.4 CHY-ST-ZIP 1.5 TREET ADDRESS 1.4 CHY-ST-ZIP
CITY-ST-ZIP         SARASUTA FL 34232         14 CITY-ST-ZIP           TITLE         D         DELETE         2.1 TITLE         Change         Addition
NAME SHELTON, DANIEL 22 NAME
STREET ADDRESS 2540 WOOD OAK DR. 2.3 STREET ADDRESS
CITY-ST-ZIP SARASOTA FL 34232 2.4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME 32 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 34. CITY-ST-ZIP
TITLE I L_I UNANGE L_I ADDITION
TITLE Change Addition
NAME 4.2 NAME
NAME \$FREET ADDRESS 4.2 NAME 4.3 STREET ADDRESS  **TATUIT - ST - CR**
NAME  \$RRET ADDRESS  4.2 NAME  4.3 STREET ADDRESS  4.3 TREET ADDRESS  4.4 CHT-SI-ZR  Change Addition
NAME \$TREET ADDRESS 4.2 NAME 4.3 STREET ADDRESS 4.4 CITT-SI-CR
NAME

suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a son or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on an altach treat with the address. indicated on this annual report or officer or director of the corpor Block 12 or Block 13 if changed,

FEB 27 1998