## 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 # 1. Corporation Name P97000033900 (6)

C.Q. PORT RICHEY PROPERTY, INC.

**FILED** Apr 02 1998 8:00am Secretary of State

Principal Place	ad Business	Mailing Address						
•								
2250 KENT PL. CLEARWATER FL 34624		2250 KENT PL. CLEARWATER FL 34624				DO NOT WRITE IN THIS SF	PACE	
						3. Date Incorporated or Qualified		
						04/15/1997		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-3443034		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.					\$8.7	5 Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & State	9	City & State				Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	—	intry		8. This corporation owes or has paid the curre		
24 33764-		29 33764-6623	30	·			Yes	□ No
	g. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered A	gent	
	RAOLO, CARMEL A			"	Name			1
2250 KENT PL.					Street Add	dress (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34624				B3				
				83				
	•			84	City		85 Z	ip Code
•				$\Box$		<u> </u>		
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu of Florida. Such chance was	ites, the al	bove d by	<ul> <li>named cor</li> <li>the corpora</li> </ul>	rporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoint	changin; intment	g its registered as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	Iorida Sta	tutes.		, , , , , , , , , , , , , , , , , , , ,		
SIGNATURE								<u>.</u>
	Signature, typed or printed narrier of registered ager OFFICERS ANI	<del> </del>		d Ager	it signature requ	uired when reinstaling) DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIDECT	ODC IN 10
12.	D OFFICERS AIN	DELETE	13. 1.1 Ti	T) E			Chang	
NAME			1.2 N		- 1	•	r_ unong	,
	2250 KENT PL.				ADDRESS			
STREET ADDRESS	CLEARWATER FL 34624			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		4	727/	4-1122
CITY-ST-ZIP TITLE	D D	DELETE	2.110		- ZIP		Chanc	ne Addition
	QUINN, JOHN H		2.2 NAME			•		, , , , , , , , , , , , , , , , , , ,
NAME	P.O. BOX 941539	N/A		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
STREET ADDRESS	MAITLAND FL 32794-1539	14/n						
CITY-ST-ZIP	MATIDAND FL 32/84-1338	DELETE	3.1 TI		1-ZIP	· · · · · · · · · · · · · · · · · · ·	Chanc	ne Addition
NAME		becch	3.7 N			•		,
STREET ADDRESS					ADDRESS			
1				INCEL A				
CITY-ST-ZIP		DELETE	3.4. U		1- £IF		Chang	e Addition
NAME		- Partie	4.21			•		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ineci i ITY-ST				
TITLE		DELETE	5.1 1		- F14.		Chang	e Addition
NAME		Fig Section	5.2 N			•		
STREET ADDRESS					ADDRESS			
				ITY-ST				
CITY-ST-ZIP TITLE		DELETE	5.4 C		- t IL		Chang	e Addition
		المال المال	6.1 N			•		,
NAME OZDCET HODDENS					ADDRESS			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	and the the information applied up	th this filing does not qualify		ITY-ST		n Section 119 07/3/(i) Florida Statutes I further cert	tifu that	the information

indicated on this annual report or supplied with his ning does not quality for the exemption stated in Section 119.0 ((3)t)). 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.

SIGNATURE: