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

	1900					→			
DOCU 1. Corporatio	MENT # P9700	0034188 (7)	1						
1	M F. HUMPRIES, INC.								
1	,, , , , , , , , , , , , , , , , , , ,					F (ESPASA) AND HOLD (COME EASI) AND A STAN COME.	O ALAKA MAALA	18) (11) (8)	
Deienste al Dian	e of Decioner	Malling Address							
Principal Place of Business		Mailing Address							
442 West Kennedy Blvd Suite 200		442 WEST KENNEDY BLVD SUITE 200 TAMPA FL 33606							
TAMPA FL 33606						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						04/16/1997			
2. Principal Place of Business		2a. Mailing Address			_	4 FEI Number	A	pplied For	
21		26				59-3442903		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired		
City & State	9	City & State				6, Election Campaign Financing		May Be	
23		28				Trust Fund Contribution		to Fees	
Zip			Coun	try		8. This corporation owes or has paid the cu			
24	25 Name and Address of Curre	29 nt Registered Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registered		_] No	
HU	MPHRIES, WILLIAM F		8	11 N	ame				
442 WEST KENNEDY BLVD				12 St	reet Addre	ess (P.O. Box Number is Not Acceptable)	 		
SUITE 200						,			
TAMPA FL 3:3606			8	33					
			Ē	14 C	ity	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the abo	 ove-na	med corp	oration submits this statement for the purpose of ion's board of directors. I hereby accept the ap	of changing i	ts registered	
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was lations of, Section 607.05 0 5, F	authorized Iorida Statul	by the les.	corporati	ion's board of d irectors. I hereby accept the ap	pointment as	registered	
SIGNATURE		J 1							
12.	Signature, typed or printed name of registered ap OFFICERS AN	ent and little if applicable (NO ID DIRECTORS	1E Registered /	Agent arg	nature require	ed when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	25 IN 12	
TITLE	D	DELETE	1.1 TITL			ADDITIONS/OFFARGES TO OFFICERS AN	Change	Addition	
NAME HUMPHRIES, WILLIAM F			1.2 NAM	1.2 NAME					
STREET ADDRESS	442 W KENNEDY BLVD, STE	200	1.3 STR	EF ADDI	RESS			Į	
CITY-ST-ZIP	TAMPA FL 33606	☐ DELETE	1.4 CITY-ST-ZIP				Change	Addition	
TITLE NAME	□ occept			2.1 TITLE 2.2 NAME			Change	Monition	
STREET ADDRESS			2.3 STRE		RESS				
CITY-ST-ZIP			2. 4 CITY		1				
TITLE	DELET		3.1 TITLE	3.1 TITLE			Change	Addition	
NAME			3.2 NAM						
STREET ADDRESS			3.3 STAE 3.4. C/TY		4			}	
CITY-ST-ZIP TITLE		☐ DELET e	4.1 TITLE				Change	Addition	
NAME			4. 2 NAN	AÉ.					
STREET ADDRESS			4.3 STRE	ET ADDF	tess				
CITY-ST-ZIP				4.4 CITY-ST-ZIP			Change	Addition	
TITLE NAME		L.J VELETE	5.1 TITLE 5.2 NAM				Change	☐ Addition	
STREET ADDRESS			5.3 STRE		RESS				
CITY-ST-ZIP			5.4 CITY						
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAM						
STREET ADDRESS			6.3 STRE	ET ADDF					
1.417.51.712			■ N4 CHY	- NI - /IP					

14. Thereby certify that the information supplied 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 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 an additional analysis of the corporation of 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 an additional statutes.

President

2.19.98 012.417.909

FILED

Mar 25 1998 8:00am

Secretary of State

2E034 (10/97)