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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000036599 (3)

S.D.E. STORING DOCUMENTS ELECTRONICALLY INC.

## FILED Mar 18 1998 8:00am Secretary of State

Principal Place	of Business	Mailing Address		I IMMILITATI INTERNITATIONI CONTRACTORILI	. Abida iilii ditat akid föt	IA IBII SBAT
		5437 GINGER COVE DR. (	<b>#</b> D			
TAMPA FL 33634 TAMPA FL 33				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		<del></del>
				04/23/1997		
2. Principal Pla	Benjamin Rel #101A	28. Mailing Address 26 6011 Bens	and Od	4. FEI Number	/_//	plied For
11 6 0 11 ii Suite, Apt. #.		26 (00// /Sex)	AMIN 16-9	57.3767	\$0.7E	ot Applicabl Additional
2 101 A		27 # 10/A		5. Certificate of Status Desired		equired
City & State	00 51 10	City & State	C/ 02/2//	6. Election Campaign Financing	\$5.00	May Be
3 TAM			FL 33634	Trust Fund Contribution	Added	
Zip 4 336.	34 25 Hillsbouagh	<sup>7ιρ</sup> 29 33634	Country 30 Hillsbouggh	<ol> <li>This corporation owes or has paid Personal Property Tax due June 3</li> </ol>		ancible No
<u>, 276.</u>	g. Name and Address of Current	11	30 11.00 127-	10. Name and Address of New Reg		<b>2</b> 110
DAVIS	S, STEPHEN L		81 Name	Stephen L. DAVES		
	GINGER COVE DR. #D		82 Street Add	ress (P.O. Box Number is Not Acceptable	8) ^	
	PA FL 33634		543	37 Girger Cove Dr	# D	
			83	•		
			84 City	. 14	85 Zip	Code U
44 Dura lant to	the provinces of Sections CO7 OF D2	and 607 1509. Florida Statuta		HMPA		( G = 1
office or reg	instered agent, or both, in the State of	Florida Such change was a	uthorized by the corpora	poration submits this statement for the pution's board of directors. I hereby accept	the appointment as	registered
agent ram	familiar with, and accept the obligati	ens or, Section 607.0505, Fig	rida Statutes.		/ / .	
•	"Real . S()	Stol	Charl Care	11	13/98	
SIGNATURE	State of printed name of registered agent.	Stef	Registered Agent signature requi	red when reinstating)	13/98 DATE	
SIGNATURE SI	political typed or printed name of registered agent. OFFICERS AND	SteP and title if applicable (NOTE DIRECTORS	Registered Agent signature requi	red when reinstaling)  ADDITIONS/CHANGES TO OFFICE		
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