	TICE: CORPORATION WILL BE D			1998.	1109341
COF ANNU	PROFIT RPORATION JAL REPORT	Sandra B Secretar	MORTIAM y of State CORPORATIONS	FILED	•
DOCU	MENT # P970000	045188 (4)	<u> </u>	98 DEC -3 PM 2: 15	
	ACHINING, INC.			SECRETARY OF STATE TAIL AHASSEE, FLORIDA	
Principal Plac	e of Business	Mailing Address			
	Carroll St. rwater, FL. 33765	1964 Carroll Clearwater,		REINSTATEMENT THIS SPACE S 3. Date Incorporated or Qualified	-
2 Principal F	Place of Business	2a. Mailing Address		05/12/1997 4. FEI Number Applied For	
21		26		4. FEI Number Applied For S = 3 4 4 9 0 4 0 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Stat	te	City & State	277 man 22	6. Election Campaign Financing \$5.00 May Be	-
Zip	Country	28	Country	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Current		30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
ROBERT J. SLATON, II 81 Name					
1964 Carroll St. 82 Street Address (P.O. Box Number is Not Acceptable)					
Cle	earwater, FL. 337	65–1908	83		
		1	84 City	FL 85 Zip Code	
11. Pursuan	t to the provisions of sections 607.0902	and 607.1508 Plorida Statutes	, the above-named o	orporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered	
	- 17.	tous of, section 607.0505, Flor	ida Statutes.	11-30-98	
SIGNATURE	Signature, typed or printed name of registered agent		E. Registered Agent signatu	and Total Characteristics	8
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VP Change	CR2È034 (5/98)
NAME	SANDAKER, CARL B		1.2 NAME	ROBERT J. SLATON, II	34
STREET ADDRESS	1964 Carroll St.		1.3 STREET ADDRESS	1964 Carroll St.	(Z)
CITY-ST-ZIP	Clearwater, FL.	3.3.76.5-1 <u>9</u> 08	1.4 CITY-ST-ZIP 2.1 TITLE		5
NAME			2.2 NAME	Change Addition	
STREET ADDRESS			2.3 STREET ADDRESS	,	
CITY-ST-ZIP			2.4 CITY-ST-ZIP 3.1 TITLE	Change Addition	
NAME -	<u> </u>	DECEIE	3,2 NAME	C Grange	
STREET ADDRESS			3.3 STREET ADORESS	3000027067435	
CITY-ST-ZIP			3.4 CITY-ST-ZIP 4.1 TITLE		
NAME		DELETE	4.2 NAME	****750.00\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		
NAME		L DELETE	5,2 NAME	Change Addition	
STREET ADDRESS			5,3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE	- A CAH	
NAME		DELETE	6.2 NAME	Charge Addition	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information authorized with a	his filling/floss not qualify for the	6.4 CITY-\$T-ZIP	section 119 07(3)(i) Florida Statutes I further certific that the information	
14. I hereby certify that the information supplied with this filling/loes 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 of trustue 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, pro nan attachment with an address.					
SIGNATURE: SIGNATURE AND TOPP OF PROPERTY AND OF SIGNATURE AND TOPP OF THE PROPERTY OF THE PRO					

THE OFFICER OF DIRECTOR

8-26-98 727-442-2963 Date Daytimo Phone #