FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700045827 (7)

ANDRIS DEVELOPMENT CORPORATION, INC.

Principal Pla	Mailing Address			1 188(1881 118 18111 18811 8811) Berte mate	/ BB(F) #1981 #1141 1911	\$ ((bi) 19\$\ 19\$!		
3234 W. PA TAMPA FL :	ARKLAND BLVD. 33609	3234 W. PARKLAND BL TAMPA FL 33609	3234 W. PARKLAND BLVD. TAMPA FL 33609		DO NOT WRITE	IN THIS SPACE		
					3. Date Incorporated or Qualified			
					05/22/1997		·	
	Place of Business	2a. Mailing Address			4. FEI Number	_	Applied For	
21 Suite An	-t # -1a	Suite, Apt. #, etc.			59-345 1055	····	Not Applicable	
22	27				5. Certificate of Status Desired	Fee	\$8.75 Additional Fee Required	
City & St	late	City & State	Dity & State		6. Election Campaign Financing \$5.00 May Be		•	
23 Zip	Country	Country 7:p			Trust Fund Contribution		led to Fees	
24	25	29	Country 30		 This corporation owes or has painted. Personal Property Tax due June 		r Intangible	
241	9. Name and Address of Curre		1901		10. Name and Address of New Reg			
M	ICELVEEN, MICHAEL A		81	Name				
3234 W. PARKLAND BLVD.			-	^····	(0.0 p. 17) (5) (1) No. 11 (1)			
	AMPA FL 33609		82	Street Addre	ress (P.O. Box Number is Not Acceptab	le)	1	
•	AMITA FE 33009		83					
				·	****			
	•		84	City		FL 85 2	Zip Code	
11. Pursuar	nt to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the above-r	named corp	poration submits this statement for the po	urpose of changin	ng its registered	
office or	r registered agent, or both, in the Stat I am familiar with, and accept the oblig	te of Florida. Such change was	s authorized by tl	he corporati	ion's board of directors. I hereby accep	t the appointment	as registered	
SIGNATURE	,	guirona or, cooker, eer recte, .	Olio Datas.					
SIGNATURE	Signature, typed or printed name of rugistured ag	gent and file if applicable (NC	OTE: Registered Agent	signature require	od when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Chan	ge Addition	
NAME	MCELVEEN, MICHAEL A		1.2 NAME					
STREET ADDRESS			1.3 STREET AC	ODRESS				
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY - ST - 1	ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Chan	ge L Addition	
NAME	MCELVEEN, JANISE H		2.2 NAME					
STREET ADDRESS			2.3 STREET AD	DDRESS				
CITY-ST-ZIP	TAMPA FL 33609	- December	2. 4 City - St -	ZIP			F 4 4 4 201	
TITLE	}	L DELETE	3.1 TITLE			L. Chan	ge Addition	
NAME	_		3.2 NAME					
STREET ADDRESS	s		3.3 STREET AD					
CITY-ST-ZIP		DELETE	3.4. CITY - ST-	ZIP		Chan	I Addition	
TITLE			4.1 TITLE			L Chan	ge L Addition	
NAME OTROCT ADDRESS	_		4. 2 NAME	nonene				
STREET ADDRESS	5		4.3 STREET AD	ľ				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-7 5.1 TITLE	ZIP		Chan	ge Addition	
NAME		had come.	5.2 NAME			Lad Oliver	gorisonic	
STREET ADDRESS			5.3 STREET AD	nngeee :				
CITY-ST-ZIP	°		5.4 CITY-ST-2	1				
TITLE		DELETE	6.1 TITLE	20"		☐ Chan	ge Addition	
NAME		_	6.2 NAME					
STREET ADDRESS	_s		63 STREET AD	IDRESS				
CITY-ST-ZIP			64 CITY-ST-2					
14. I hereby	certify that the information supplied v	with this filing does not qualify	for the exemption	on stated in S	Section 119.07(3)(i), Florida Statutes. I f	further certify that	the information	
officer o Block 12	od on this annual report or supplement or director of the corporation or the rec 2 or Block 13 if changed, for on an att	tal annual report is true and ac seiver or trustee empowered to charent with an address.	curate and that of execute this rep	my signaturi port as requ	re shall have the same legal effect as if bired by Chapter 607, Florida Statutes; a	made under oath; and that my name	; that I am an appears in	