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

**CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000046937 (3)

## **FILED** Feb 09 1998 8:00am Secretary of State

Principal Place of Business  Mailing Address  5123 MUSSELSHELL DR. NEW PORT RICHEY FL 34655  Mailing Address  5123 MUSSELSHELL DR. NEW PORT RICHEY FL 34655						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
						05/27/1997	]
2. Principal Pla	ace of Business	2a, Mailing Address				4. FEI Number Applied For	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				59-3448802 Not Applicat \$8,75 Additional	)ie
22		<u>⊢</u>	27			5. Certificate of Status Desired Fee Regulred	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	一
23	<del></del>	28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip				8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Curre	29	30			Personal Property Tax due June 30. 2 Yes No  10. Name and Address of New Registered Agent	
		III DABISTOLOG AGGILT	_ <del></del>			IV, Italiie aliu Addiess oi New Negrsteled Agent	$\dashv$
MASON, JOSEPH C JR MASON & ASSOCIATES, P.A.				81	Name		
	50N & ASSOCIATES, P.A. 57 U.S. HWY. 19 NORTH, STE.	500	ı	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	ł
	ARWATER FL 34824-6566	, 300	•	83			$\dashv$
			ŀ	84	City	85 Zip Code	{
			j	~	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE							id )
	Signature, typed or printed name of registered ag	pent and little if apolicable (NO NO DIRECTORS		Agen	t signature require	ed when reinstating) DATE	ᅴ
12.	D OFFICERS AN	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	an l
NAME	UPTON, MARY ELLEN			1.2 NAME			-
STREET ADDRESS	5123 MUSSELSHELL DR.				ADDRESS		-
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 3465</b>	55		1.4 CITY-ST-ZIP			- 1
TITLE	D DELETE			2.1 TITLE		Change Addition	on
NAME	UPTON, ROBERT W		2.2 NA	2.2 NAME			
STREET ADDRESS	5123 MUSSELSHELL DR.		2.3 STREET		address	<b>*</b> ,	J
CITY-ST-ZIP			2. 4 CC	TY-S1	T-ZIP		
TITLE	•	DELETE	3.1 ] []	LE		Change Additi	on
NAME			3.2 NA	ME	1		- 1
STREET ADDRESS			3.3 STF	REETA	ADDRESS		
CITY-ST-ZIP		Dritte	3.4. Cl		I-ZIP	T Alex	_{
TITLE		☐ DELETE	4.1 TiT			☐ Change ☐ Addition	on
NAME			4. 2 NA		1000000		-
STREET ADDRESS					ADDRESS		
CITY - ST - ZIP		☐ DELETE	4.4 CiT 5.1 TiT		- ZIP	☐ Change ☐ Additi	
NAME			5.2 NAI		1		
STREET ADDRESS					ADORESS		- 1
CITY-ST-ZIP			5.4 CIT		<b>;</b>		-
TITLE	<del></del>	☐ DELETE	6.1 TiTI			Change Addition	on
NAME			6.2 NAI	WE			
STREET ADDRESS			6.3 STA	EET A	(DDRESS		
CITY-ST-ZIP				4 CITY-ST-ZIP			ļ
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I hereby 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 informatio 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.