	PROFIT RPORATION JAL REPORT 1998	FLORIDA DEPA Sandra Secret	RTMENT OF STATE B. Mortham ary of State CORPORATIONS	FIL Apr 27 199 Secretary	98 8:00ai	
DOCUI 1. Corporation	MENT # P97000	047365 (6))		ani bhu sabaa sina bhu bhu ibea	ł
Principal Place of Business Mailing Address 611 DRUID ROAD EAST #717 611 DRUID ROAD EAST #717 CLEARWATER FL 34616 CLEARWATER FL 34616				DO NOT WRITE IN THIS SPACE		l
				3. Date Incorporated or Qualified	······································	
2. Principal Pl	ace of Business	2a. Mailing Address		05/27/1997 4. FEI Number	Applied Fo	r
Suite, Apt	# etc	26 Suite, Apt. #, etc.		59-3450622	Not Applica \$8.75 Additiona	
2	*. 010	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	S.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the Personal Property Tax due June 30. 10. Name and Address of New Regist	Yes 🔲 No	
			84 City		85 Zin Code	
	to the provisions of Sections 607.0502 agistered agent, or both, in the State of In familiar with, and accept the obligati	and 607, 1508, Florida Statu I Florida. Such change was ions of, Section 607,0505, F	84 City tes, the above-named coa authorized by the corpora lorida Statutes.	rporation submits this statement for the purp ation's board of directors. I hereby accept th	FL 85 Zip Code pose of changing its registere appointment as registere	red
SIGNATURE	Signative, typed or printed name of registered egrint	and title if applicable (NO	tes, the above-named con authorized by the corpora lorida Statutes. TE Registered Agent signature requ	uired when reinstating)	FL	ored ad
	Signative: typed or priviled name of registeried agent OFFICERS AND	and title if applicable (NO	tes, the above-named cor authorized by the corpora lorida Statutes.		FL	
SIGNATURE	Signative: typed or priviled name of reportered agent OFFICERS AND D SZABO, BRUCE 611 DRUID ROAD EAST #717	and title if applicable (NO DIRECTORS	tes, the above-named con authorized by the corpora forida Statutes. TE: Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE	
	Signative: typed or priviled name of reputeried agent OFFICERS AND D SZABO, BRUCE	and title if applicable (NO DIRECTORS	tes, the above-named con authorized by the corpora forida Statutes. TE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	uired when reinstating)	DATE	lition
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