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PROFIT CORPORATION ANNUÁL REPORT

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ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000049481 (9)

STEVE VIGIL & SANDRA NG. P.A.

FILED Apr 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3317 FOX LAKE DR 3317 FOX LAKE DR TAMPA FL 33610 TAMPA FL 33618 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip This corporation owes or has paid the current year Intangible 30 24 25 29 Personal Property Tax due June 30. X Yes Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name Watk**i**ns, carl t 7345 JACKSON SPRINGS ROAD #3 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPÀ FL 33634** 63 84 City 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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ___ Addition NAME vigil, steve 1.2 NAME \$317 FOX LAKE DR STREET ADDRESS 1.3 STREET ADDRESS AMPA FL 33618 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME NG, SANDRA 2.2 NAME STREET ADDRESS 3317 FOX LAKE DR 2.3 STREET ADDRESS TAMPA FL 33618 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. 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 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 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.

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