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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address  3507 BELLA VISTA DR. E. ST. PETE BEACH FL 33706  ST. PETE BEACH FL 33706  DO NOT WRITE IN THIS SPACE	
3507 BELLA VISTA DR. E. ST. PETE BEACH FL 33706 ST. PETE BEACH FL 33706 DO NOT WRITE IN THIS SPACE	
ST. PETE BEACH FL 33706  ST. PETE BEACH FL 33706  DO NOT WRITE IN THIS SPACE	
DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	
06/23/1997	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Sq - 34 5 5870 Not Applied	
Suite Apt # etc.	_
5. Certificate of Status Desired Fee Required	
City & State City & State 6. Election Campaign Financing \$5.00 May Be	
23 Trust Fund Contribution Added to Fees	
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes X No	
24   25   29   30   Personal Property Tax due June 30.	
WALKER, CHARLOTTE 81 Name	_
OFFICE MICHA DD F	
ST. PETE BEACH FL 33706  82 Street Address (P.O. Box Number is Not Acceptable)	
83 N/A	
84 City 85 Zip Code	$\dashv$
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 registers 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 families with, and accept the obligations of Section 607.0505, Florida Statutes.	j i
SIGNATURE X (NOTE: Registered Agent signature required when reinstating)  DATE  DATE	_
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE B President DELETE 1.1 TITLE Change Addit	ion
NAME WALKER, CHARLOTTE 1.2 NAME	
STREET ADDRESS 3507 BELLA VISTA DR. E. 1.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETE BEACH FL 33706 1.4 CITY-ST-ZIP	
TITLE VICE President DELETE 2.1 TITLE DELETE DELETE 2.2 NAME  NAME VEYNON DIWALKER 22 NAME	on
2607 A. Hallis TA Nr. E.	
(TA+0.4 71 72706	İ
CITY-ST-ZIP	IND.
NAME 3.2 NAME	-1.
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Change Addition	on
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	_
TITLE DELETE 5.1 TITLE Change Addition	ou
STREET ADDRESS  5.3 STREET ADDRESS  6.4 CITY - ST - ZIP	
TIFLE DELETE 6.1 TIFLE Change Addition	on.
NAME 6.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-SI-ZIP 6.4 CITY-SI-ZIP 6.4 CITY-SI-ZIP 1.4 L hereby certify that the information curplied with this filling does not qualify for the expension stated in Section 110 O7(2)(i) Floride State to 1.5 without partify that the information curplied with this filling does not qualify for the expension stated in Section 110 O7(2)(i) Floride State to 1.5 without partify that the information curplied with this filling does not qualify for the expension stated in Section 110 O7(2)(ii) Floride State to 1.5 without partify that the information curplied with this filling does not carefully for the expension stated in Section 110 O7(2)(ii) Floride State to 1.5 without partify that the information curplied with this filling does not carefully for the expension stated in Section 110 O7(2)(iii) Floride State to 1.5 without partify the continuous curplied with this filling does not carefully for the expension stated in Section 110 O7(2)(iii) Floride State to 1.5 without partification in the continuous curplied with this filling does not carefully for the expension stated in Section 110 O7(2)(iii) Floride State to 1.5 without partification in the continuous curplied with the information curplied with this filling does not carefully for the expension of the continuous curplied with the curple curplied with the curple curplied with the curple curple curplied with the curple curple curplied with the curple cu	

Indicated on this annual report or supplied with this tiling 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 eath; 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.