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PROFIT CORPORATION ANNUAL REPORT

1998

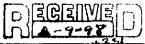


Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000055940 (5)

THE HERRON GROUP OF TAMPA - CLT'S, INC.



FILED Feb 13 1998 8:00am Secretary of State



Principal Place of Business 600 N. WESTSHORE BLVD., SUITE 702 TAMPA FL 33609		Mailing Add	Mailing Address				ı sadındar ila satız tabiti ağını anıtı dalıt Balbi ar	(A) ASITA TRUIT	Blass Rais 1881 -
			600 N. WESTSHORE BLVD., SUITE TAMPA FL 33609				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							07/01/1997		
2. Principal P	lace of Business	2a. Mailing A	Address				4. FEI Number		Applied For
21		26					59-337-5105		Not Applicable
Suite, Apt	#. etc.		Suite, Apt #, etc.					\$8.7	5 Additional
22		27					5. Certificate of Status Desired		Required
City & State	0	City & St	ate				6. Election Campaign Financing		00 May Be
23		28					Trust Fund Contribution		ed to Fees
Zip	Country	Ζφ		Coun	try		8. This corporation owes or has paid the c		
24	25	29		30	•		Personal Property Tax due June 30.	Yes	□ No
	g Name and Address of Cui		ent	1			10. Name and Address of New Registered		
C: II	LLIVAN, STEPHEN C		· · · · · · · · · · · · · · · · · · ·	1	B1	Name			
	S S. HYDE PARK AVE.			-	_				
	MPA FL 33606			l*	B2	Street Add	dress (P.O. Box Number is Not Acceptable)		Ì
i Ai	WEA EL 33000			la la	83	-			
				[8	B4	City	FI	85 Z	ip Code
agent. La	to the provisions of Sections 607 egistered agent, or both, in the St m familiar with, and accept the of	0502 and 607,1508, Flate of Florida Such onligations of, Section	lorida Statute change was a 607.0505, Flo	es, the about authorized orida Statu	ove- by les	named co the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	- 1 1	g its registered as registered
SIGNATURE	Signature, typed or printed name of regelerer	Laurent auch tilte diagnie attle	INCIT	Registered .	Agen	l signature reo	uired when reinstating) DATE	· · · · · ·	
12.		AND DIRECTORS		13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	D	L	DELETE	1.1 TITL	E	<u>-</u>		Chang	
NAME	CRAVENS, ELAINE S			1.2 NAM	ΛE				
STREET ADDRESS	600 N. WESTSHORE BLVD	SUITE 702		1.3 STR	EET A	DORESS			
CITY-ST-ZIP	TAMPA FL 33609	.,		1.4 C(T)		1			ľ
TITLE	D		DELETE	2.1 TITL	_			Chang	e Addition
NAME	CRAVENS, DONALD			2.2 NAM					·
STREET ADDRESS	600 N. WESTSHORE BLVD	SHITE 702				DDRESS			ŀ
CITY-ST-ZIP	TAMPA FL 33609	., OOHE 102		2 4 CIT		1			ì
TITLE	TAMIA 1 C 33008		DELETE	3 1 TITL	_	-211		Chanc	e Addition
NAME		_		32 NAM				C-1 0	,
						DDAESS			ĺ
STREET ADDRESS				1		** }			ļ
CITY-ST-ZIP TITLE		-	DELETE	3 4. CIT 4.1 TITL		- 4117		☐ Chang	e Addition
		L	VLCEIL						y Las Addition
NAME				4. 2 NA					
STREET ADDRESS						DDRESS			Į
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 CITY		- ZIP		Chanc	e Addition
TITLE		L	T DEFEIF	5.1 TITL				Chang	je 🗀 Abdilion
NAME				52 NAM					
STREET ADDRESS						DDAESS			l
CITY-ST-ZIP			7 55. 666	5.4 CITY		- ZIP			
TITLE		L	DELETE	6.1 TITL				Chang	ge 🔲 Addition
NAME				6.2 NAM	Æ	İ			
STREET ADDRESS				6.3 STR	EET A	DORESS			
CITY-ST-ZIP				6.4 CITY					
14 hereby c	certify that the information suprilie	d with this filma does	not qualify to	or the exec	nnti	on stated i	in Section 119 07(3)(i) Florida Statutes I further o	ertify that	the information

charlesy decay that the information supplied with one ming does not quanty for the exemption stated in section 119.07(3)(), Florida Statutes, Truther certify that the information indicated on this annual report or supplied with mind after its free 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 planned, or on an attachment with an address.

813 282-0864