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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name

P97000062380 (5)

SUITE 4 CLEARWATER FL 33765  Principal Place of Business  2a. Mailing Addre	rincipal Place of Business	Mailing Address
	516 LAKEVIEW ROAD SUITE 4 CLEARWATER FL 33765	516 LAKEVIEW ROAD SUITE 4 CLEARWATER FL 3376
	2. Principal Place of Business	2a. Mailing Address
<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	1	26 Suite, Apt. #, etc.

**FILED** May 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

07/18/1997

2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. FEI Number 3. Not Applied I  Not Applied I  Suite, Apt. II, etc. 3. Certificate of Status Desired Status Desired Fee Required  City & State 3. City & State 3. City & State 4. FEI Number 5. Certificate of Status Desired Fee Required 5. Certificate of Status Desired Address 6. Election Campaign Financing Trust Fund Contribution Added to Fees  Address of Lorent year Intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not A	e
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  State  State  Country  State  State  Country  State  Sta	9
City & State   Country   Country   Country   State   Count	
28  Trust Fund Contribution Added to Fees  Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible  24 25 29 30 Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  AMERILAWYER CHARTERED  343 ALMERIA AVENUE  CORAL GABLES FL 33134  81 Name  LAWRINGS (P.O. Box Number is Not Acceptable)  5 16 LAKEULE CORAL GABLES FL 33134	
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.  9. Name and Address of Current Registered Agent  AMERILAWYER CHARTERED  343 ALMERIA AVENUE  CORAL GABLES FL 33134  81 Name  LAWRENCE F. Sona K  82 Street Address (P.O. Box Number is Not Acceptable)  516 LAKEUTE F. 85 Zip Code  84 City CLARWATER	
25 29 30 Personal Property Tax due June 30 Yes No  9. Name and Address of Current Registered Agent  AMERICAWYER CHARTERED  343 ALMERIA AVENUE  CORAL GABLES FL 33134  81 Name  LAWRENCE F. GAMKA  82 Street Address (P.O. Box Number is Not Acceptable)  5 16 LAKEUTE F. B5 Zip Code  84 City  CLEARWATER  85 Zip Code	
9. Name and Address of Current Registered Agent  AMERICAWYER CHARTERED  343 ALMERIA AVENUE  CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  516 LAKEULE  83 Street Address (P.O. Box Number is Not Acceptable)  516 LAKEULE  84 City  CLEARWATER  FL 85 Zip Code	ered
AMERICAWYER CHARTERED  343 ALMERIA AVENUE  CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  516 LAKEULEW ROAD  83 Suite 4  City Code  CLEARWATER FL 85 Zip Code	ered 'ed
TAWRENCE H. CAMIKIA  343 ALMERIA AVENUE  CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  516 LAKEULEW ROAD  83 SULTE 4  84 City Code  CLEARWATER FL 85 Zip Code	ered
CORAL GABLES FL 33134  S16 LAKEULEW ROAD  83 SWITE 4  84 City LEARWATER FL 85 Zip Code CLEARWATER FL 3374C	ered 'ed
83 34 TL 4 84 City CLLARWATER FL 85 Zip Code CLLARWATER	ered 'ed
34 City CLLARWATER FL 85 Zip Code CLLARWATER FL 85 Zip Code	ered
84 City CLLARWATER FL 85 Zip Code 3376 C	ered 'ed
	ered
office or registered agent, or both, in the State of Funda State agent. I am family with, and accept the appointment as registered agent. I am family with, and accept the iblight of Funda State of Stat	ered
agent. I am familiar with, and accept the infinitive of protein 607 0008, Florida Statules.	
SIGNATURE (NOTC: Registered Agent signature, typed or pented name of registered agent and little repaired (NOTC: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	,
	dition
NAME GAULKIN, LAWRENCE A 1.2 NAME	
STREET ADDRESS 518 LAKEVIEW ROAD 1.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33765	Į.
TITLE DELETE 2.1 TITLE . Change A	dition
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2 4 CITY-ST-ZIP	
TITLE DELETE 31 TITLE Change A	dition
NAME 32 NAME	
STREET ADDRESS 33 STREET ADDRESS	
CITY-ST-ZIP 34 CITY-ST-ZIP	
TITLE DELETÉ 4.1 TITLE D'Change A	ldition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	- 1
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change A	dition
NAME 5.2 NAME	- 1
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
	dition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	· 1
CITY-ST-ZIP 6.4 CITY-ST-ZIP	

remove come that the information is applied with this hing does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or application 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 (1) that provided in 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 (1) that provided in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in