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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

May 21 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700063131 (1)

	OF YBOR CITY, INC.			
Principal Place of Business Mailing Address			r theirinde vin Javer some abere delte abere datet bilde sirde einene reigt till 1981	
1831 E. 7TH AVE. TAMPA FL 33605		1831 E. 7TH AVE. Tampa Fl <b>33605</b>		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
0.00-0-0	land D	- La National Addition		07/18/1997
2. Principal Place of Businoss 2a. Mailing Address 21			4. FEI Number X Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			— \$9.75 Additional	
27			5. Certificate of Status Desired Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28	1 2-1	Trust Fund Contribution
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 9. Name and Address of Curr	[29] rent Registered Agent	30	Personal Property Tax due June 30. Yes No
WE	INSTEIN, IRA		81 Name	
3902 HENDERSON BLVD., SUITE 200			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
TAMPA FL 33629			5treet Au	suress (r.o. box Number 15 Not Acceptable)
	······································		83	
			84 City	85 Zip Code
				FL
11. Pursuant office or r agent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	i502 and 607,1508, Florida Statu hte of Florida: Such change was ligations of, Section 607,0505, F	ites, the above-named co authorized by the corpor forida Statules.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE				
12.	Signature, typed or printed name of registers 3 OF LICETES 3	agent and the Papplicable (NC NDD DIRECTORS	Tt. Registered Agent signature rec	rq.rred when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TILLE	Change Addition
NAME	CICCONE, ANTHONY J		1,2 NAME	
STREET ADDRESS	1831 E. 7TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33605		1.4 CITY - ST - ZIP	
TITLE	D	☐ ĐELETE	2 1 TITLE	Change Addition
NAME	CICCONE, JERRY A		2.2 NAME	
STREET ADDRESS	1831 E. 7TH AVE.		23 STREET ADDRESS	
CITY-ST-ZIP TITLE	TAMPA FL 33605	DELETE	2. 4 C/TY - ST - Z/P 3.1 T/TLE	Change Addition
NAME			3.2 NAME	Change CT Machign
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CHY-S1-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	,
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELĒTE	5.1 TALE	☐ Cylange ☐ Addition
NAME			5.2 NAME	///\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS			5.3 STREET ADORESS	4/1/2/
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change
NAME		[] Miller	6.2 NAME	000002532590
STREET ADDRESS			63 STREET ADDRESS	-05/22/3801010034

CITY-ST-ZIP \*\*\*150.00

14. Thereby certify that the information supplied with this filling 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 supplienental 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 trusted 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 of on an attachment with an address.