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

DOCUMENT # P97000064233 (4)

ASCOT HOUSE ENTERPRISES, INC.

FILED May 29 1998 8:00am Secretary of State



Principal Place	Principal Place of Business					Mailing Address						10111 10011 01	*****				1100 1111 100	•
7973 THIRD AVENUE SOUTH ST. PETERSBURG FL 33707				7973 THIRD AVENUE SOUTH ST. PETERSBURG FL 33707														
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										3.	07/24/199		*uumoo	•				ŀ
2. Principal Pla	ce of Business	 s	[2a Maili	ng Address					4	. F£I Number	71				W IA	polied Fo	
21				26						"	, , , , , , , , , , , , , , , , , , , ,					A.A.	ot Applic	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						+-		· ·			-		Addition	
22				27						5.	Certificate of	Status De	esired		•		equired	'a'
City & State				City & State						R	Election Carr	naion Fin	ancing				May Be	
23				28						•	Trust Fund C		-			*	to Fees	- 1
Zip			Zip Сос				ountry			This corporat	tion owes	or has p	paid the	curren	year In	tangible		
24	25)	Ì	29 30					Personal Property Tax due June 30. 🔀 Yes 📋 No									
	g, Name an	d Address of C	Current R	egistered	Agent					10.	Name and A	ddress o	í New F	Registe	red Age	nt		
MCA	TEE, CAROL						81		Name									
7973 THRID AVENUE SOUTH							62	+	Street Address (P.O. Box Number is Not Acc				Accept	able)				\dashv
	PETERSBUR						83	\perp		, 000			лооорт					
*								L									···	
							В4	۱ '	City					1	FL l'	5 Zip	Code	
11. Pursuant to	the provisions	s of Sections 60	7.0502 ar	id 607.150	DB, Florida St	tatutes, th	ne abov	e-r	named corp	poratio	on submits this	statemen	t for the	purpo	se of ch	anging i	its registe	ered
office or reg	gi ste red agent i fam iliar with	, or both, in the	State of F	ilorida, Su us of Sect	ch change w	vas autho 5. Florida	rized by Statute:	y ti s	he corpora	tion's t	board of direct	tors. I here	eby acc	ept the	appoint	ment as	s register	red
	· · · · · · · · · · · · · · · · · · ·	e le brobyt etc	Orngono	10 111, 000		S, I IOILEA	Cididio	٥.										
SIGNATURE	Ignaturo, typed or p	raited name of registr	enstaged an	at blood apple	abkı	(NO1E: Reg	islered Age	orit:	signature requ	red when	n reinstating)			DA	lt.			
12.		OFFICE	RS AND D	IRECTORS	5		13.			/	ADDITIONS/C	HANGES	TO OFF	ICERS	AND DI	RECTO		
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NAME (ard M	: Atee					12 NAME		İ									
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CiTY-ST-ZIP							4.4 CITY - S	<u> 31-3</u>	ZiP									
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CITY-ST-ZIP							6.4 CITY - S											
14, I hereby cer indicated or	rtify that the in n this annual r	iformation supp eport or supple	illed with t mental ar	his tiling d maal repo	loes not qual rt is true and	lity for the Laccurate	exemple and the	otio at	on stated in my signatu	i Sectio ire sha	on 119.07(3)(i) all have the sar	, Florida S me tegal e	itatutes. Iffect as	. I furthe : if mad	er cert ify le under	that the oath; th	e intorma lat I am a	ation an
officer or dis	rector of the c	orporation or the prigod, or on a	e receive	r or truster	empowerer													