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

P97000064517 (0) **DOCUMENT #**

FILED May 04 1998 8:00am Secretary of State

SHAMNOCK OF	- ULCANWATEN, IN	U.			
Principal Place of Busine	SS	Mailing Address	·····	ı inauldat iin iniii indii barii naili datii beriib d	ireki minat desar irani raan raan
1600 BON AIR STREET 1600 BON AIR STREET					
CLEARWATER FL 34615 CLEARWATER FL 34615			DO NOT WRITE IN THE	¢ ¢DACE	
				3. Date Incorporated or Qualified	SOPACE
				07/24/1997	
2. Principal Place of Bus	ness	2a. Mailing Address		4, FEI Number	Applied For
21 26				59-3457996	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ	Country	8. This corporation owes or has paid the o	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	e and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
COLLIER, JA			81 Name		
1102 FUCHSIA DRIVE			B2 Street Addr	ess (P.O. Box Number is Not Acceptable)	
HOLIDAY FL	34691		<u></u>		
			83		
			84 City		85 Zip Code
				F	
office or registered a	gent, or both in the State:	of Florida. Such change was	authorized by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ag	of changing its registered population
agent. I am familiar v	vith, and accept the obliga	itions of, Section 607.0505, F	lorida Statutes.		
SIGNATURE				ed when reinstating) DATE	
12.	d or printed name of registered ager OFFICERS AND		 Registored Agent signature require 13. 	ADDITIONS/CHANGES TO OFFICERS AF	UD DIRECTORS IN 12
TITLE P. P.	ICE VAL PA	ASE-10 7 DELETE	1.1 TOLE	ASSITIONO FOR A TO STEEL AND A TO ST	Change Addition
NAME		HIEROGE JA.	1.2 NAME		
STREET ADDRESS	BONANK ST.	•	1.3 STREET ADDRESS		(
CITY-ST-ZIP CLO	UCE YAO BO D LOWAIR ST. MANATER TK	•	1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TŲTLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		Į.
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-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		☐ DELETĒ	5.1 TITLE		Change L Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T beleve	5.4 CITY-ST-ZIP		
TITLE		☐ DELETË	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Hereby cartify that the information supplied with this filing 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 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 changed, or on an attachment with an address.