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 P97000064957 (8)

THE FLORIDA FINANCIAL MAINTENANCE ORGANIZATION,

FILED Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					I the lives of the section of the se
800 NORTH BELCHER ROAD STE. 4 800 NORTH BELCHER ROAD			OAD STE	. 4	
CLEARWATE	R FL 33765	CLEARWAIER FL 33765	CLEARWATER FL 33765		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					07/28/1997
2. Principal F	Place of Business	2a, Mailing Address			4. FEI Number Applied For
21		26			59 - 3460870 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27	\		Fee Required
City & State		 	City & State		6. Election Campaign Financing \$5.00 May Be
23			28 Counts		Trust Fund Contribution
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25 25 Name and Address of Curre	29 and Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		in ringiatorou Agont		1 Name	
	HIRMER, MATTHEW J	T 4	L		
	D NORTH BELCHER RO AD ST	E. 4		Street	t Address (P.O. Box Number is Not Acceptable)
UL	EARWATER FL 33765		la la	3	
			Ĺ.		
			8	14 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the abo	ove-named	d corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	o of Florida. Such change was :	authorized	by the cor	rporation's board of directors. I hereby accept the appointment as registered
•	in ignina with and accept the cong	ganona or, addition oor.coop, r s	orioa oracu	100.	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOT	E: Registered	Agent signatur	re required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITE	E	/P/S Change Addition
NAME			1.2 NAN	lE .	
STREET ADDRESS 1631 SPARKLING COURT			1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698	·	1.4 CITY	- S1 - ZIP	
TITLE		☐ DELETE	2.1 TITU	Ē	Change Addition
NAME			2.2 NAM	IE	
STREET ADDRESS			23 STRI	ET ADDRESS	
CITY-ST-ZIP				(-ST-ZIP	
TITLE		☐ DELETE	3.1 TITL		☐ Change ☐ Addition
NAME			3.2 NAM		
STREET ADDRESS				E1 ADDRESS	
CITY-ST-ZIP		Driete		7-ST-7IP	Change T Addition
TITLE		☐ DELETE	4.1 TITL		☐ Change ☐ Addition
NAME			4 2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		☐ DELETE		- ST - ZIP	Change Addition
TITLE		_ beetle	5.1 TITU		Condinge Condition
NAME OTOSST ABORSON			5.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		DELETE		-ST-ZIP	Change Addition
TITLE		F* 1 Drift (C	61 THE		
NAME			6.2 NAM		
STREET ADDRESS			1	ET ADDRESS	
CITY-ST-ZIP			6.4 CITY	- ST - Z IP	

14. I hereby certify 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 13 if changed, or on an attachment with an address.