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 # P97000070565 (1)

CAROLE ANN BRUENING, P.A.

Principal Place of Business	Mailing Address				
17705 ESPRIT DRIVE TAMPA FL 33647	17705 ESPRIT DRIVE TAMPA FL 33647				
2. Principal Place of Business	2a. Mailing Address				
21	26				
Suite Ant # etc	Suite Ant # etc				

FILED Feb 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 (481)201 (10 (511) (521) 2511 36111 30111 46111 (201) 2016 2110 2110 2110 2110 1				
17705 ESPRIT DRIVE TAMPA FL 33647			17705 ESPRIT DRIVE TAMPA FL 33647				DO NOT WRITE IN THIS SPACE		
		TAMI							
								3. Date Incorporated or Qualified	
								08/14/1997	
2. Principal P	Place of Busine	ess	2a. M	ailing Address				4. FE! Number Applied For	
21			26	26				59-3463971 Not Applicab	le
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22			27					Гее Недигео	_
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
23				Zip Country				Trust Fund Contribution Added to Fees	
Zip	- -	Country	<u>├</u> ──			шу		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24		25 and Ad dress of Curre	29 nt Register	ed Agent	30			10. Name and Address of New Registered Agent	
RD						81	Name	100	
BRUENING, CAROLE ANN 17705 ESPRIT DRIVE TAMPA FL 33647						82	Cleant Add	dress (P.O. Box Number is Not Acceptable)	
						62	Street Add	ress (F.O. Box Number is Not Acceptable)	
						83			
						84	City	FL 85 Zip Code	٦
11. Pursuant	to the provision	ons of Sections 607.05	02 and 607.	1508. Florida Statu	tos, the ab	L ove	e-named corr	poration submits this statement for the purpose of changing its registered	a d
office or a agent. I a	regi ste red age am f a miliar with	ent, or both, in the State h, an d a ccept the oblig	e of Florida. Jations of, S	Such change was ection 607.0505, Fi	authorized Iorida Statu	l by ites	the corporal s.	ition's board of directors. I hereby accept the appointment as registered	
SIGNATURE									
	Signature, typed o	or printed name of registered ag		·		Age	nt signature requi	ired when reinstating) DATE	
TITLE	ТБ	OFFICERS AN	ID DIRECTO	DELETE	13. 1.1 UII		<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	,n
NAME	_	G, CAROLE ANN		LJ DELETE	1.2 NAJ				"
STREET ADDRESS		PRIT DRIVE					ADDRESS		
CITY-ST-ZIP	TAMPA F				1.4 CIT				
TITLE	1, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			DELETE	2.1 TITI		1-211	☐ Change ☐ Additio	in
NAME					2.2 NAI			—	ļ
STREET ADDRESS					2.3 STF	REET.	ADDRESS		-
CITY-ST-ZIP					2. 4 CII	IY-S	1- ZIP		1
TITLE				DELETE	3.1 TIT(☐ Change ☐ Addition	'n
NAME					3.2 NAM	ME			
STREET ADDRESS					3.3 STF	EET.	ADORESS		
CITY-ST-ZIP	_				3.4. CIJ	Y-S	1 - ZIP		
TITLE				DELETE	4.1 TITL	ŀ		☐ Change ☐ Additio	.n
NAME					4. 2 NA	ME			
STREET ADDRESS	_				4 3 S1R	EFT.	ADDRESS		
CITY-ST-ZIP					4.4 CIT		I - ZIP		ᅵ
TITLE	1			DELETE	5.1 TITU			Change Additio	n
NAME					5.2 NAN				ĺ
STREET ADDRESS							ADDRESS		- 1
CITY-ST-ZIP	ļ			DELETE	54 011		I - ZIP	Character 1 449	_
TITLE				☐ DELET e	617111			☐ Change ☐ Additio	"
NAME					6 2 NAM		4DBDCCC		
STREET ADDRESS						EET :	ADDRESS		

14. Thereby 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 12 or Block 13 if changed, or on an attachment with an address.