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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra 6. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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Principal Place of Business Mailing Address 3422 7TH AVENUE EAST 3422 7TH AVENUE EAST TAMPA FL 33605 TAMPA FL 33605 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/13/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 346 2838 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. □ No 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HEFNER, STEVEN W 3422 7TH AVENUE EAST 82 Address (P.O. Box Number is Not Acceptable TIMBERCOUL **TAMPA-FL-9969**5 **B**3 City 11. Pursuant to the provisions of office or registered agont, or agent Lam femiliar with and 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered for fate of Lorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered entry stone of Section 607 0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change X Addition TITLE 1.1 TITLE HETWER, HEFNER OTEVEN W 12 NAME NAME TAYLOR STREET ADDRESS 1506 N-TAYLOR RD 1.3 STREET ADDRESS CITY-ST-ZIP BRANDON FL 33510 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE NAME **CUTI, EMIL A** 2.2 NAME 1167 TIMBERCOVE LANE STREET ADDRESS 2.3 STREET ADDRESS NEW PORT RICHEY FL 34653 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME LORD, RONALD-K 3.2 NAME 10025 117TH LANE STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental annual reports 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 of the receiver or trusted to provide the same legal effect as if made under oath, that I am an officer or director of the corporation of the receiver or trusted to provide the same legal effect as if made under oath, that I am an officer or director of the corporation of the receiver of th