PROFIT CORPORATION ANNUAL REPORT



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998		DIVISION OF CO	ORPORATIONS	Secretary of State
1. Corporation Haine	000072	784 (6)		
CAROL BYRNES, P.A.				
Principal Place of Business	Mailin	ng Address		
2394 GROVE VALLEY AVE.		GROVE VALLEY AVE.  J HARBOR FL 34683	•	
PALM HARBOR FL 34683	PALA	W HANDON FE 34003		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 08/15/1997
2. Principal Place of Business	2a. M	ailing Address		4. FEI Number 21/11/10 Applied For
21	26			59-54670 Not Applicable
Suite, Apt. #, etc.	<b>⊢</b>	uite, Apt. #, etc.		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & State	27 Ci	ity & State		6. Election Campaign Financing \$5.00 May Be
23	28	.,		Trust Fund Contribution Added to Fees
Zip Country	Zi	p	Country	8. This corporation owes or has paid the current year Intangible
24 25	29		30	Personal Property Tax due June 30.  Yes No
9. Name and Address of C	Surrent Registere	ed Agent		10. Name and Address of New Registered Agent
BYRNES, CAROL			1 1	
2394 GROVE VALLEY AVE. PALM HARBOR FL 34683			82 Street Add	dress (P.O. Box Number is Not Acceptable)
FALM HARBOR FL 34003			83	
			94 07	85 Zip Code
			84 City	
11. Pursuant to the provisions of Sections 60	07.0502 and 607.	1508, Florida Statute:	s, the above-named cor	rporation submits this statement for the purpose of changing its registered
office or registered ageas or both, in the agent. I am familiar with and accept the	e State of Florida. I obligations of, S	Such change was au ection 607.0505, Flor	uthorized by the corpora rida Statytes.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE X	Dynne		GMOI	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registe	ered agenyand little if ap	aplicable. (NOTE:	: Registered Agent signature requ	uired when/reinstating) DATE
SIGNATURE Signature, typed or printed name of regists  12. OFFICER	ered again and lifte if ag RS AND DIRECTO	oplicable. (NOTE:	Hegistered Agent signature required 13.	17/4/1/6 - 11/1/10 - 1
SIGNATURE Signature, typed or printed name of regists  12. OFFICER  TITLE Control of the control	ered appropriate the trap	oplicable (NOTE: DRS  DELETE	: Registered Agent signature requ	uired when/feinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of regists  12. OFFICER	ered again and lifte if ag RS AND DIRECTO	ORS  DELETE	Hegistared Agent signature required 13.	uired when/feinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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14. I hereby 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 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.

**FILED** 

Jan 27 1998 8:00am