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 ...

P97000072975 (0)

niot, ii	140,					######################################
Principal Place	n of Buolinana	Mailing Address				8 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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1528 MAIN STREET 1528 MAIN STREET SARASOTA FL 34236 SARASOTA FL 34236						
					DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualified	
					08/22/1997	
2. Principal Place of Business 2a. Mailing Address			s		4. FEI Number 59-3466069	Applied For
Cuito Ant	# ata	26 Suite Apt # 0	Suite, Apl. #, etc.		1941-2-186061	Not Applicable
			ic.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	28			Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid	
24	25	29	30		Personal Property Tax due June 30	
	9, Name and Address of Cur.	rent Registered Agent			10. Name and Address of New Regis	stered Agent
l syl	PRETT, TROY D		8	1 Name		
6553 SUPERIOR AVE.				82 Street Address (P.O. Box Number is Not Acceptable)		
SAI	RA \$ OTA FL 34236					
}	Ŧ		8	3		
			B	4 City		85 Zip Code
						FL 83 Zip Code
agent I ar SIGNATURE	agreemed agent, or born, in the Start familiar with, and accept the ob-	oligations of, Section 607.05	05, Florida Statut	es.	ation's board of directors. I hereby accept the	DATE
12.	, <u></u>	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE	Ō	DELE	TE 1.1 TOTAL	4		Change Addition
NAME	SYPRETT, TROY D		1.2 NAM	i /	Russett Matthey	
STREET ADDRESS	6553 SUPERIOR AVE.		1.3 STRE	et adoress 6	STATE OF THE PERSON OF THE PER	
CITY-ST-ZIP	SARASOTA FL 34236		1,4 CITY	-ST-ZIP		
TITLE		☐ DELE	TE 2.1 TITLE	. Se	ecretary,	Change Addition
NAME [2.2 NAM	: \\\\\	once Harden	
STREET ADDRESS			2.3 STRE		528 main sf	
CITY-ST-ZIP			2. 4 CITY		sarasota, FL 31/236	Пона
TITLE		☐ DELE		1		Change Addition
NAME			3.2 NAM	¨		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		☐ DELE	3.4. CITY TE 4.1 TITLE			Change Addition
		_ vett	4. 2 NAM			C Average C condition
NAME STOCET ANDRESS				ET ADDRESS		
STREET ADDRESS			4.3 SIRE 4.4 CITY	F		
CITY-ST-ZIP TITLE		DELE				Change Addition
NAME	•		5.2 NAM	Ĭ		45
STREET ADDRESS				ET ADDRESS		3
CITY-ST-ZIP			5.4 CITY			7.4
TITLE		DELE			400002581 -07/07/9801051	Change Addition
NAME	•		6.2 NAM	ĵ	400002581	454
STREET ADDRESS				ET ADDRESS	-07/07/9801051	018

semption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nd that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the occiver or trustee empowered to exec Block 12 or Block 13 if changed, or on an attachment with an address.

1/170/05 /741/922-8607

***150.00

FILED

Jul 06 1998 8:00am

Secretary of State