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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000073589 (8)

K.W. COLE, CPA, PA

FILED Apr 29 1998 8:00am Secretary of State

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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. So. Certificate of Status Desired \$8.75 Additional Fee Required Pee Required	_	Place of Business	2a. Mailing Address			, pp.iou (c)
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Zip Country Zip Country Zip Country Country Zip Country Size Size Size Size Size Size Size Size	City & Sta	le				
COLE, KIMBERELY W CPA 7328 N. 56TH STREET SUITE #15 TAMPA FL 33617 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hybrid or pirited name of registered agent and tills if applicable. (NOTE Registered Agent signature regulated when reinstains) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D COLE, KIMBERLEY W 9004 HOGAN'S BEND 13 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 21 TITLE 22 TITLE 22 TITLE 23 STREET ADDRESS CITY-ST-ZIP TITLE 32 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP TITLE 32 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP 25 STREET ADDRESS CITY-ST-ZIP 26 COLE, KIMBERLEY AGENTS 26 STREET ADDRESS CITY-ST-ZIP 27 TITLE 28 Change Addition Addition AMAR STREET ADDRESS CITY-ST-ZIP 28 STREET ADDRESS CITY-ST-ZIP 29 Change Addition AMAR STREET ADDRESS CITY-ST-ZIP		Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
COLE, KIMBERELY W CPA 7328 N. 56TH STREET SUTTE #15 TAMPA FL 33617 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent alm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OCIE, KIMBERLEY W 9004 HOGAN'S BENO 13 STREET ADDRESS CITY-S1-ZIP TITLE DELETE 21 TITLE Change Addition AMAK STREET ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP 2 STREET ADDRESS CITY-S1-ZIP 2 ADDRESS CITY-S1-ZIP 2 ADDRESS CITY-S1-ZIP 3 STREET ADDRESS CITY-S1-ZIP 4 CITY-S1-ZIP 4 CITY-S1-ZIP 5 ADDRESS CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP CITY-	24			0]		
7328 N. 58TH STREET SUITE #15 TAMPA FL 33617 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title il applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D D DELETE 11 TITLE COLE, KIMBERLEY W 9004 HOGAN'S BEND 13 STREET ADDRESS CITY-ST-ZIP DELETE 21 TITLE Change Addition Addition AMAR STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Change Addition Addition Addition Addition Change Addition Change Addition Addition Addition Addition Addition AMAR STREET ADDRESS CITY-ST-ZIP CHANGES CITY-ST-ZIP	-		Current Registered Agent		Mana	10. Name and Address of New Registered Agent
SUITE #15 TAMPA FL 33617 83 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, tyred or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstain's) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 11 TITLE COLE, KIMBERLEY W 9004 HOGAN'S BEND 13 STREET ADDRESS CITY-ST-ZIP DELETE 21 TITLE Change Addition Addition AMARE STREET ADDRESS CITY-ST-ZIP 22 NAME 23 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP				6'	Name	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byted or printed name of registered agent and tills it applicable (NOTE Registered Agent alignature required when reinstaing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 11 TITLE President Change Addition NAME COLE, KIMBERLEY W 9004 HOGAN'S BEND 13 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 14 CITY-ST-ZIP Street ADDRESS 23 STREET ADDRESS 24 CITY-ST-ZIP 11. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent alignature required when reinstaing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-ZIP Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Addition 17. Change Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Addition 19. Change Additio				83		
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CITY-\$1-ZIP 64 CITY-\$1-ZIP 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		and the information	ardiant with this literarches and a 195 for			11- Continue 440 07(0)(3) Florida Children I (Called and Children I

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.