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 # P97000073623 (5)

CTR GROUP, INC.

Principal Place of Business

Mailing Address

FILED Feb 03 1998 8:00am Secretary of State



T TITICIPAL TRAC	OO OI DUSIIIOSS	Maining Address			
4528-2ND AVE. NORTH 4528-2ND AVE. NORTH			_		
ST. PETERSB	SURG FL 33713	ST. PETERSBURG FL 3371	3	DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	- SI NOL
				08/22/1997	ı
2 Principal F	Place of Business	2a. Mailing Address		4, FEI Number	I Applied For
21 452	^ 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26 4528 2N	d Ave N	59 3464089	Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.	A MY C /V	1 21 3767001	
22		27		5, Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	etersburg Fl	City & State 28 St. Peters	oura. F	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 327	3 COUITM	Zip	PINCLA	8. This corporation owes or has paid the cu	
24 22 11	9. Name and Address of Current			Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes X No
		uadistalen wäell	81 Name		Agent
HILKERT, DOUGLAS L			Joi Manie		
28870 US 19 NORTH			82 Street	Address (P.O. Box Number is Not Acceptable)	
SUITE 300					
CL	EARWATER FL 33761		83		
			84 City	FL	85 Zip Code
dd Burgunnt	to the providelens of Spations COZ DECO	and COZ 1500 Florida Ciatida		I corporation submits this statement for the purpose of	<u> </u>
I office or r	registered agent, or both, in the State o	if Florida. Such change was au	thorized by the cor	rporation's board of directors. I hereby accept the ap	pointment as registered
agent. I a	am fa miliar with, an d a ccept the obligat	ions of, Section 607.0505, Flori	da Statutes.		
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND			e required when reinstaling) DATE	D DIDECTORO III 40
TITLE	D OF FIGURE AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
	, -				E cuande
NAME	THOMPSON, STACY M		1.2 NAME	Thompson, Stacy M.	
STREET ADDRESS	4528-2ND AVE. NORTH		1.3 STREET ADDRESS	4528 2Nd AVE. W.	712
CITY - ST - ZIP	ST. PETERSBURG FL 33713	DECETE	1.4 CITY - ST - ZIP	St. Petersburg, F1 33	7/3
TITLE	D D D D D D D D D D D D D D D D D D D	☐ DELETË	2.1 TITLE	President (Y)	Change Addition
NAME	THOMPSON, JEFFERY R		2.2 NAME	Thompson, Jeffery R	•
STREET ADDRESS	4528-2ND AVE. NORTH		2.3 STREET ADDRESS	45 28 2Nd Ave. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713		2.4 CITY-ST-ZIP	St. Petersburg, F1:	337/3
TITLE		☐ DELETÉ	3 1 TITLE	3	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP				i	
TITLE			4.4 City-St-ZIP		
		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME I		☐ DELETE	5.1 TITLE		Change Addition
NAME STREET ANNAESS		☐ DELETE	5.1 TITLE 5.2 NAME	11.20	Change Addition
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
STREET ADORESS CITY-ST-ZIP TITLE NAME			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP 6.1 TITLE 6.2 NAME		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ D€LÉTE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST-ZIP	ed in Section 119 07/3V(i) Florida Statutes I further o	Change Addition

indicated on this annual report of 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.