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 #
1. Corporation Name P97000075495 (6)

FILED May 11 1998 8:00am Secretary of State

DADE CITY OFFICE, INC.				A TARANTAN 1986 1884 28 DUK BANK BANK BANK BANK 18 BANK 18 BANK ANAK ANAK ANAK ANAK ANAK
Principal Place of Business Mailing Address				
37924 PASCO AVE. DADE CITY FL 33525 DADE CITY FL 33525				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				08/27/1997
	Place of Business	26. Mailing Address	inton Rd	4. FET Number Applied For
Suite, Apt. #, etc.		26 36909 51 6 Suite, Apt. #, etc.	ALLIDA!	59-3444144 Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		Outy & grate O	-17	Election Campaign Financing \$5.00 May Be
23		28	<u> </u>	Trust Fund Contribution Added to Fees
Zip	Country	7028672	Country Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Current		30 ALFONS	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
			82 Street Addr	ess (P.O. Box Nurgber is Not Acceptable)
DADE CITY FL 33523			عُمَّا فُرِّ الْمُ	ess (P.O. Box (pushop) is ivot Acceptable)
83				
			84 City	le Cu h FL 85 3 3523
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its register of 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 register				
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, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.				
SIGNATURY 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 2 1				
/	on furth typed or printed inductof registered agen	. 	Registered Agent signature require	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	STEARNS, KENNETH F		1.2 NAME	
STREET ADDRESS	36909 BLANTON RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	QADE CITY FL 33525		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	Change Addition
NAME	STEARNS, KATHRYN		2.2 NAME	
STREET ADDRESS	36909 BLANTON RD.		2.3 STREET ADDRESS	·
CITY-ST-ZIP	DADE CITY FL 33525	DELETE	2. 4 CITY-ST-ZIP	Observe
TITLE NAME	tres Treasure	☐ htreit	3.1 TITLE 3.2 NAME	☐ Change ☐ Addillon
STREET ADDRESS	Kennesh Stem !	RD	3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP	36909 Blowm	FL 33523	3.4. CITY- \$1-ZIP	
TITLE	VPars , Sec.	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME ~	DATE	osa>	4. 2 NAME	
STREET ADDRESS	2 And Blanton	યું _	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jobale City 1	PC 33523	4.4 CITY-ST-ZIP	
TITLE	0	DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	j
CITY-ST-ZIP		DELETE	5.4 CITY-SY-ZIP	Manage Pagesta
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME Street address			6.2 NAME 6.3 STREET ADDRESS	
CITY-ST-ZIP	certify that the internation eventhed with	b this files does not qualify for	6.4 CITY-ST-ZIP	Section 119 07(3Vi) Florida Statutes I further certifu that the information

I nereby 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 informatio 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, ogon an attachment with an address.