FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998			Secretary of State
DOCUMENT # P9700	00077509 (2)	
5418 INGRAHAM, INC.			T CERTIFIEN THE LITTLE FRANCE
Principal Place of Business	Mailing Address		
5418 INGRAHAM STREET TAMPA FL 33618	5418 INGRAHAM STREI TAMPA FL 33616	ET	DO NOT WRITE IN THIS SPACE
	. ~		3. Date Incorporated or Qualified 09/08/1997
2, Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		SR 75 Additional
City & State	City & State		Fee Required
23	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25 g. Name and Address of Curre	29 ent Registered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
DIAZ, JOSEPH J		81 Name	
2522 WEST KENNEDY BLVD. TAMPA FL 33609		82 Street Add	ress (P.O. Box Number is Not Acceptable)
		83	
		84 City	85 Zip Code
Burning to the marketing of Problem COZOT	00 and 007 1500 Florida C		FL
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent, Lam familiar with and accept the obli-	buz and buz 1508, Florida Stati te of Florida, Such change was nations of Section 607 0605. F	ules, the above-hamed cor s authorized by the corpora Torida Statutes	poration submits this statement for the purpose of changing its registered attom's board of directors. I hereby accept the appointment as registered
SIGNATURE	gations of operating dov. coop, i	Torida Gialdies.	
Signature, typed or printed name of registered a	gent and title diapplicable (NO ND DIRL CTORS	OTF: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	DELETE	1.1 TITLE	Change Addition
NAME ROSENHECK, ARTHUR		1.2 NAME	
STREET ADDRESS 5418 INGRAHAM STREET CITY-ST-ZIP TAMPA FL 33616		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33816	DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CRY-ST-ZIP	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	·
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addilion
NAME	<u> </u>	5.2 NAME	
STREET ADDRESS			
		5.3 STREET ADDRESS	
CITY-ST-ZIP	∏ nti tr	5.4 CITY-ST-ZIP	Change Addition
ļ.	☐ DELETE		☐ Change ☐ Addition

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 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.

4/121/93

FILED

Apr 27 1998 8:00am