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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortkain

FILED

Jul 07 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000078710 (5)

POST OFFICE BOX 282322 TAMPA FL 10885 POST OFFICE BOX 282322 TAMPA FL 10885 PAPER AT 10885	1. Corporatio	OME BLOSSOMS INC.	3070710 (3)				
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CARMAN, GAIL CARMAN, GAIL See Super Address of New Registered Agent CARMAN, GAIL See Super Address (P. De Ny. Inner In Not Acceptable) TAMPA FL 3983 11. Pursuant to the provisions of Sections 607,0507 and 607,1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered agent and marrial with July deep the chapter of Such Change was authorized by the corporations submits this statement for the purpose of changing its registered agent and marrial with July deep the chapter of Such Change was authorized by the corporations board of directors. I hereby accept the supportment as registered agent and marrial with July deep the Change and the Agent Agent accept the supportment as registered agent and marrial with July deep the Change and the Agent Agent accept the supportment as registered agent and an amount of the purpose of changing its registered agent and the Agent accept the supportment as registered agent and an amount of the corporations board of directors. I hereby accept the appointment as registered agent and an amount of the purpose of changing its registered agent and an amount of the purpose of changing its registered agent and an amount of the purpose of changing its registered agent and an amount of the purpose of changing its registered agent and an amount of the purpose of changing its registered agent and an amount of the corporations board of directors. I hereby accept the appointment as registered agent and an amount of the corporation submits this statement for the purpose of changing its registered agent and an amount of the corporation submits this statement for the purpose of changing its registered agent and an amount of the corporations beard of directors. I hereby accept the appointment as registered agent and an amount of the corporation submits this statement for the purpose of changing its registered agent and an amount of the corporation submits this statement for the purpose of changing its registered agent and an amount of	¬ `	<u> </u>	<u></u> ⊢¬ '		ry		
STORY ADD CALL SHADOW LANE B2 Stroot Address (P.O. Box Number is Not Acceptable)	<u></u>			1001			
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 office or registered agont, or both, in this State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I arm familiar with add accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE OFFICERS AND DIRECTORS INVER Pagainered Agent signature required when inventaging) ADJE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE OFFICERS AND DIRECTORS INVER PAGAINER AGONESS LAND D LAKES, FL 344.39 14. CITY ST. RP 15. INITE OFFICERS AND DIRECTORS 13. SHEET ADDRESS CITY ST. ZP OFFICERS AND DIRECTORS 14. CITY ST. ZP OFFICERS AND DIRECTORS 15. SHEET ADDRESS CITY ST. ZP OFFICERS AND DIRECTORS 16. Change Addition Addition Addition Addition Addition Addition ANA SIREET ADDRESS CITY ST. ZP OFFICERS AND DIRECTORS 15. SHEET ADDRESS CITY ST. ZP TITLE OFFICERS AND DIRECTORS 15. SHEET ADDRESS CITY ST. ZP TITLE OFFICERS AND DIRECTORS 15. SHEET ADDRESS CITY ST. ZP TITLE OFFICERS AND DIRECTORS 15. SHEET ADDRESS CITY ST. ZP TITLE OFFICERS AND DIRECTORS 15. SHEET ADDRESS CITY ST. ZP TITLE OFFICERS AND DIRECTORS 15. SHEET ADDRESS CITY ST. ZP TITLE OFFICERS AND DIRECTORS 15. SHEET ADDRESS CITY ST. ZP TITLE OFFICERS AND DIRECTORS 15. SHEET ADDRESS CITY ST. ZP TITLE OFFICERS AND DIRECTORS 15. SHEET ADDRESS CITY ST. ZP TITLE OFFICERS AND DIRECTORS 15. SHEET ADDRESS CITY ST. ZP TITLE OFFICERS AND DIRECTORS 15. SHEET ADDRESS CITY ST. ZP TITLE OFFICERS AND DIRECTORS 15. SHEET ADDRESS CITY ST. ZP TITLE OFFICERS AND DIRECTORS 15. SHEET ADDRESS CITY ST. ZP TITLE OFFICERS AND DIRECTORS 15. SHEET ADDRESS CITY ST. ZP TITLE OFFICE	- 3806 FELLE SHADOW LANE				2 Street	(AI) (APMAX)	
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Signature ligand or printed more of requestands on a superiorities (NOTE Registance Agent signature required when renetating) DATE	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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered						
12.						4-27-98	
TITLE		· · · · · · · · · · · · · · · · ·			gent signature		
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14. Thereby 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 a rattachment with an address.