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 P97000080386 (0)

ECLAT INCORPORATED, A PUBLISHING AND INFORMATION **COMPANY**

FILED Feb 11 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Add	Mailing Address			CARACTER AND DESIGNATION OF THE STATE OF THE
100 SECOND	AVENUE SOUTH	100 SECON	100 SECOND AVENUE SOUTH SUITE 704 ST. PETERSBURG FL 33701			
SUITE 704						DO NOT INDITE IN THIS SPACE
ST. PETERSE	BURG FL 33701	ST. PETERS				DO NOT WRITE IN THIS SPACE
l						3. Date Incorporated or Qualified
9 Principal P	lace of Business	2a. Mailing A	ddraee			09/12/1997 4. FEI Number
	iace of Educations	H-1	——————————————————————————————————————			X Juppined 103
21 Suite, Apt	# etc		Suite, Apt #, etc.			Not Applicable
22		<u></u> ⊢¬	27			5. Certificate of Status Desired Fee Regulred
City & Stat	e		City & State			
23		— — ´	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Zip Country		Zip Country			
24	25	29	34	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	g. Name and Address of Cur			1		10. Name and Address of New Registered Agent
OI				81	Name	(U, Name and Nagious of Noti Indianated Agent
	BBS, B. GRAY					
	SECOND AVENUE SOUTH		82 Street Ac		Street Ad	ddress (P.O. Box Number is Not Acceptable)
	ITE 704					
SI.	. PETERSBURG FL 33701			83		
				84	City	85 Zip Code
						FL 21 COOR
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the St	0502 and 607,1508, F ato of Florida, Such c	lorida Statutes, hange was aut	, the above	e-named co	orporation submits this statement for the purpose of changing its registered
agent I a	m familiar with, and accept the ob	oligations of, Section 6	607 0505, Floric	la Statutes	3.	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signalute, typed or printed name of registered		(NO1E: R		nt signature rec	quired when reinstating) DATE
12.		AND DIRECTORS	T Dri eze	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	L] DELETE	1.1 THILE		Change Addition
NAME	Priling Driver			1.2 NAME		
STREET ADDRESS	TADDRESS 2807 WEST BUSCH BLVD.			1.3 STREET	ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33618	· · · · · · · · · · · · · · · · · · ·		1.4 CITY-S	T-7IP	
TITLE		L) DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET	ADDRESS	
CITY - ST - ZIP				2.4 CITY - 9	ST-ZIP	
TITLE			DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADORESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP				3.4. CITY-S	ST-ZIP	
TITLE	······································		DELETE	4 1 TITLE		Change Addition
NAME				4. 2 NAME	į	
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY-S		
TITLE			DELETE	5.1 TITLE	1.14	☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS					ADDRESS	
				5.3 STREET		
CITY-ST-ZIP			DELETE	5.4 CITY - ST	1- ZIP	Change Addition
TITLE		L.,	OLECIE.	6.1 TITLE		LI Change LI Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET		
CITY-ST-ZIP				6.4 CITY - ST	1 - ZIP	

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 changes or on attachment with an address.