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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTME

Sandra B. Mo

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000082823 (0)

DODEDTO-MOREMANI

FILED Jan 16 1998 8:00am Secretary of State

NUDER	HOTHURRIN, INC.					4 18817481 PIG 181(1 (881) 881) 881(1 881) 88(1) 88(1)	E4 181(8 1158) 184	1 0 11 0 10 1111 1 10 11	
Principal Plac	e of Business	Mailing Address	i			- T LOOKINDI YIN INIIL INDLI OOKIL DOIH DOHK DOKKI DA	DI (B((B (8F1 8))	(8	
6801 16TH S		6801 16TH STR	6801 16TH STREET, N. E.						
APARTMENT C APARTMENT C						DO NOT WOITE IN T			
ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						09/22/1997			
2. Principal P	lace of Business	2a. Mailing Addr	ess			4. FEI Number		Applied For	\dashv
21		26				65-0788832		Not Applicab)le
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				SR 75 Additional			
22		27				5. Certificate of Status Desired	Fee	e Required	
City & State	e	City & State				6. Election Campaign Financing		00 May Be	
Zip	Country	28	1 6-			Trust Fund Contribution	Add	led to Fees	_
21p	Country Zip 25 29 3		}	Country		8. This corporation owes or has paid the	_ `		
<u> </u>	9. Name and Address of Curren	[29]	30			Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes Yes	∐ No	\dashv
PO.		Trogistored Agent		81	Name	10. Name and Address of New Registe	reo Agent		\dashv
	Berts, Judy J 11 16th Street, N. E.			82					
	ARTMENT C					ss (P.O. Box Number is Not Acceptable)			П
	PETERSBURG FL 33702		ł	63					\dashv
0 1.	TETERODORIO TE GOTOE		1						
				84	City	1	FL 85 2	Zip Code	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Floric	la Statutes, the ab	ove-	named corpo	ration automite this etatement for the nume	as of shane a	ig its registere	đ
agent. La	egistered agent, or both, in the State m f ami liar with, an d a ccept the obliga	of Fiorida. Such chan ations of, Section 607.	ge was authorized 0505, Florida Stati	i by i ites.	the corporatio	on's board of directors. I hereby accept the	appointment	as registered	
SIGNATURE									
	Signature, typed or printed name of registered again		(NOTE: Registered	Agen	t signature required	d when reinstating) DA	TE		- - -
12.	OFFICERS AND	D DIRECTORS DE	13.			ADDITIONS/CHANGES TO OFFICERS			_[8
NAME	ROBERTS, JUDY J						∐ Chan	ge L Additio	w 3
STREET ADDRESS	6801 16TH STREET, N. E A	DT C	1.2 NAI		000000				- 3
CITY-ST-ZIP	ST. PETERSBURG FL 33702	11.0	1.4 C/T		ODRESS				į
TITLE	D	□ DE	LETE 21 TIT		- 282		☐ Chan	ge	<u></u> }
NAME	HOFFMAN, FRANK A	_	2.2 NA					Jo rodino	" "
STREET ADDRESS	6801 16TH STREET, N. E A	PT. C			DDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33702		2. 4 CIT		- 1				ı
TITLE		☐ DE					☐ Chang	ge Additio	ın I
NAME			3.2 NAM	AE.					
STREET ADDRESS			3.3 STR	EET A	DDRESS				
CITY-ST-ZIP			3.4. CIT		- ZIP				
TITLE		☐ DEL	ETE 4 HTHTL	Ε.			☐ Chang	ge 🔲 Addition	n
NAME			4. 2 NAI	ME					
STREET ADDRESS					DORESS				
CITY-ST-ZIP TITLE		DEt.	4.4 CITY		ZIP		0.	A 1700	4
NAME		<i>DEL</i>	ETE 5. TITL 5. VAN					ge Addition	1
STREET ADDRESS					DORESS				
CITY-ST-ZIP			5.40ITV						
TITLE		☐ DEL			LII .		Chang	e Addition	\exists
NAME		0	6.2 VAM				L. Criang	- LJ HOURION	'
STREET ADDRESS			I 18		DDRESS				
CITY-ST-ZIP				- 51-					
44 16		L 41 2 F12 4							

I hereby certify that the information supplied with this filing does not qualify for the emption 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 in different directors of the corporation or the receiver or trustee empowered to execut 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.

1/10/98

1-812-892-3340