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

PROFIT CURPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # |

P97000083821 (3)

STEPHEN C. DIACO, P.A.

BLACKWELL & DIACO, P.A.

Principal Place of Business

Mailing Address

FILED Feb 03 1998 8:00am Secretary of State



DED PAIN UAKS AVE DAMES PL 33011 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1997 2. Principal Place of Business 2a. Mailing Address Applied For 101 E. KENNEDY BLVD. 101 E. KENNEDY BLVD. Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required #217<u>5</u> 6. Election Campaign Financing \$5.00 May Be TAMPA FLTAMPA FL 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 33602 24 25 33602 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STEPHEN C. DIACO 81 DIACO, STEPHEN C Street Address (P.O. Box Number is Not Acceptable) 101 E Kennedy Blvd. 82 83 City 84 Zip Code 33602 Tampa 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and little if applicable (NOTE Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change NAME 1.2 NAME STEPHEN C. DIACO STREET ADDRESS 1.3 STREET ADDRESS 101 E. KENNEDY BLVD., #2175 CITY-ST-ZIP 1.4 CITY-ST-7IP TAMPA FL 33602 DELETE TITLE 21 THLE Change V/S NAME 2.2 NAME KENDRICK BLACKWELL STREET ADDRESS 101 E. KENNEDY BLVD., SUITE 2175 2.3 STREET ADDRESS CITY-SY-ZIP 2. 4 CITY - ST - ZIP TAMPA FL 33602 TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY-S1-7/P DELETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIF 6.4 CITY - ST- 2IP

14. I hereby certify that the information supplied with this thing 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.

CIONATURE.