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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P97000086463 (1)

Principal Place of 5812 N. 22ND STAMPA FL 3361	of Business	4.1.11 A.1.1						
		Mailing Address						HIND IN HID
TAMPA EL 3381	ST,	5812 N. 22ND ST.						
IMMINITE COOL	0	TAMPA FL 33610				DO NOT WRITE IN THIS	SDACE.	
						3. Date Incorporated or Qualified	SI AGE	
						10/06/1997		
2. Principal Plan	ce of Business	2s, Mailing Address			4. FEI Number Applied For			
21		26				59-3473328 Not Applica		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27				5. Certificate of Status Desired	Fee F	Required
City & State		City & State				6. Election Campaign Financing		May Be
Zio Country		Zip Country			Trust Fund Contribution		to Fees	
Zip Country		<del>                                     </del>	30 Country			8. This corporation owes or has paid the cu		ntangible No
24	9 Name and Address of Curr	29 ent Registered Agent	[30]	T		Personal Property Tax due June 30.  10. Name and Address of New Registered		140
WAT	ERS, CODY W			81	Name			
	ens, coot w E. Kennedy Blvd., ste. 170	<b>Λ</b> Λ						
	PA FL 33602	UU .		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
I Mail	N 1 L 00002			83				
					-		1221 50	
				84	City	FL	. <b>85</b> Zip	Code
11. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, Florida St	atutes, the a	pove-	named corp	oration submits this statement for the purpose of	changing	its registered
office or reg	<b>siste</b> red agent, or both, in the Statemiliar with, and accept the obl	te of Florida. Such change w igations of, Section 607,0505	as authorize , Florida Sta	d by I tutes.	the corporati	ion's board of directors. I hereby accept the app	ointment a	s registered
SIGNATURE								
SI	gnature, typical or printed name of registered i			d Agent	t signature require	ed when reinstating) DATE		
12.		NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS ANI		
TITLE	D DIDDO OFFICIAL I	☐ DELETE	DELETE 1.1 T				□ Change	Addition
NAME	DIBBS, STEPHEN J			1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	5812 N. 22ND ST.							
CITY-ST-ZIP	TAMPA FL 33610			1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAME		C) SEELE		2.2 NAME			□ Unange	
STREET ADDRESS			1		DDRESS			
TITLE		DELETE			- 14.		Change	Addition
NAME				32 NAME			•	
STREET ADDRESS			•		DDRESS			
1								
TITLE				4.1 TITLE			Change	Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 \$1	rreet A	DDRESS			
CITY-ST-ZIP			4.4 C	TY-ST-	- ZIP			
TITLE		DELETE	5.1 Ti	TLE			☐ Change	Addition
NAME			5 2 N.	AME				
STREET ADDRESS			5 3 \$1	IREET A	DDRESS			
CITY-ST-ZIP	<del></del>	· · ·	540	TY-\$1-	- ZIP			
TITLE		DELETE	61 TI	TLE			☐ Change	Addition
NAME			6.2 N	AME				
in and					,			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.40 31 TI 32 N 33 SI 34.0 4.1 TI 4.2 N 4.3 SI 4.4 CI	THE	DDRESS - ZIP - DDRESS		☐ Change	Addition

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 Clyapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an advanced with an address.

**FILED** 

May 07 1998 8:00am

Secretary of State