## 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

P97000087753 (4)

THREE F., INC.

**FILED** 

May 11 1998 8:00am

Secretary of State

				///
Principal Place of Business	Mailing Address			// 1401
6401 N. 54TH STREET	6401 N. 54TH STREET			
TAMPA FL 33610	TAMPA FL 33610		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			10/10/1997	
2. Principal Place of Business	2a. Mailing Address		4. FELNumber	ed For
21	26		AC AM AN A VA	pplicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Add	
22	27		Fee Requi	ired
City & State	City & State		6. Election Campaign Financing \$5.00 Ma	
Zip Country	<b>28</b> Z <sub>(f)</sub>	Country	Trust Fund Contribution Added to F	
24 25	29	30	8. This corporation owes or has paid the current year Intangenerate Personal Property Tax due June 30.	- 1
g. Name and Address of Curren		1901	10. Name and Address of New Registered Agent	
SCHECHT, NEIL S		81 Name		
2909 W. BAY TO BAY BLVD.		00 00 00 00	(DO Day)	
PENTHOUSE		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33629		83		
		84 City	les   7in Ca	<del></del>
		1 1 7	FL 85 Zip Coo	ì
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above-named co	rporation submits this statement for the purpose of changing its re- ation's board of directors. I hereby accept the appointment as req	egistered
agent. I am familiar with, and accept the oblig-	ations of, Section 607.0505, FI	authorized by the corpora orida Statutes.	ation's board or directors. I hereby accept the appointment as reg	jistered
SIGNATURE			-	ĺ
Signature, typed or printed name of registered ago		F: Registered Agent alguature requ		
12. OFFICERS AND	D DIRECTORS  DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1	N 12 Addition
NAME PEPIN, THOMAS	L.J DUCTIE	1.2 NAME	ra quarge r	AUGILIUM
STREET ADDRESS 6401 N. 54TH STREET		1 3 STREET ADDRESS		1
CITY-ST-ZIP TAMPA FL 33610		1.4 CITY-ST-ZIP		1
TITLE	DELETE	2.1 TITLE	Change	Addition
NAME	<del></del>	2.2 NAME		_
STREET ADDRESS		2.3 STREET ADDRESS		ĺ
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE	☐ Change	Addition
NAME		3.2 NAME		1
STREET ADDRESS		3.3 STREET ADDRESS		İ
CITY-ST-ZIP		3.4. City - St - ZiP		
TITLE	DELETE	4.1 TITLE	Change	Addition
NAME		4. 2 NAME		
STREET ADORESS		4.3 STREET ADDRESS		1
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	Change	Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		ļ
CITY-ST-ZIP	DELETE	5.4 CITY - ST - ZIP		Titarea
TITLE	T'I AFTEIF	6.1 TITLE	! Change	Addition
NAME STORES ADDRESS		6.2 NAME		ļ
STREET ADDRESS		6.3 STREET ADDRESS		j
CITY-ST-ZIP 1	ith this filing done not qualify for	6.4 CITY-ST-ZIP	n Section 119.07(3)(i), Florida Statutes. I further certify that the info	ormation

14. Hereby certify that the information efformed 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 conditions are 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 an analysishment with an address.

SIGNATURE

homas A. Penin

1/30/98

(813)626 6176