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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME Street address



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 01 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000089299 (6)

ED CZYSCON & ASSOCIATES, INC.

Principal Place of Business			Mailing Address				( 166/108; 110 talil 106/1 05/1 60/1 60/1 90/6 10/10 10/10 10/10 10/10 10/10	
8702 ASHWORTH DRIVE TAMPA FL 33647		8702 ASHWORTH DRIVE TAMPA FL 33647				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 10/16/1997	_
2. Principal Place of Business			2a. Mailing Address 26				4. FEI Number Applied For Not Applied For	e
Suite, Apt. #, etc.			Suite, Apt #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
23	State		City & State				6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees	
Zip 24		Country   Zip			Country		8. This corporation owes or has paid the current year Intangilere Personal Property Tax due June 30. Yes No	╛
	<del></del>	and Address of Curren	t Registered Agent	<b>.</b>	81	Name	10. Name and Address of New Registered Agent	
	CZYSCON, E 8702 ASHWO	orth drive			82		et Address (P.O. Box Number is Not Acceptable)	$\dashv$
TAMPA FL 33847					83			┪
						City	FL 85 Zip Code	
11, Pure office age	suant to the provise or registered a nt. I am familiar w	sions of Sections 607.0502 gent, or polty in the state vith, and accept the obliga	2 and 607.1508, Florida of Florida Such chang Ilions of, Section 607.0	Statutes, the was autho 505, Florida	e abov rized b Statute	e-named y the corp	ed corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered	
SIGNAT	7 +44	And ratio of registerally	n and he it applicable	(NOTE: Rég	VAVI etered Agr	nnt signature	JUNE ALLE AND THE AND	
12.	- , &	OFFICERS ANI			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_{:
TITLE	OTVOCON EDWARD C		☐ NET	☐ DELETE 1.1 TII			Change Additio	1
NAME CZYSCON, EDWARD G STREET ADDRESS 8702 ASHWORTH DRIVE					1.2 NAME 1.3 STREET	ADDRESS	s	
CITY-ST-Z	944404		1.4 CITY - ST - 2					
TITLE			☐ DEL	DELETE 2.1 TIT			Change Additio	<u>ا</u> ر
NAME					2.2 NAME			
STREET ADDRESS					2.3 STREET	ADDRESS	S	
CITY-ST-ZIP			EJ NC	2.4 CITY-ST-ZIP DELETE 3.1 TITLE		ST-ZIP	Change Addition	_
TITLE			☐ DEL				Change Additio	'
NAME CTOCET ANNOESS				3.2 NAME	1000000			
STREET ADDRESS CITY-ST-ZIP					3.4. CITY -	ADDRESS		-
TITLE			DEL	DELETE 4.1 TITI		31-211	Change Addition	$\overline{}$
NAME			_		4. 2 NAME			-
STREET ADI	DRESS					ADDRESS	s	
CITY-ST-Z					4.4 CITY - 9			
TITLE		☐ DEL	TE 5.1 THILE			☐ Change ☐ Addilio	U	
NAME				1	5.2 NAME			
STREET AD	DRESS				5.3 STREET	ADDRESS	s	
CITY-ST-ZIP				5.4 CITY-ST-ZIP				$\Box$
TITLE			DEL	FTF	6 1 TITLE		Change Addition	nΙ

6.2 NAME

14. I hereby 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 charged, or ontain a accurate with an address.