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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 26 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000090083 (1)

	THO ENTI MANAGEME										
Principal Place	e of Business	Mailing	Address				I 1001000 IIO 10111	IN ROLL MANAGE MANAGE	00111 80 110 101	IS OBSIS DOING FO	100 Hat 100
1531 PLACIDA RD. UNIT 4201 ENGLEWOOD FL 34223		1531 PI	1531 PLACIDA RD. UNIT 4201 ENGLEWOOD FL 34223								
							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporate			SPACE	
							10/20/1997	u or u roaoa	•		
2. Principal P	lace of Business	2a. Maili	ing Address				4. FEI Number			T A	pplied For
21		26	•			- 1	65-n	<i>1</i> 933	43	h	ot Applicable
Suite, Apt.	#, etc.	Suite	a, Apt. #, etc.				5. Certificate of Stat	ue Decired		\$8.75	Additional
22		27					b. Certificate or star	us Desired		Fee R	equired
City & State	е	City	& State				6. Election Campaig	n Financing	_	\$5.00	May Be
23		28		1 2			Trust Fund Contr				to Fees
Zip	Country	Zip		Count	ry		B. This corporation	•			
24	9. Name and Address of Cu	29	Acent	30			Personal Property Name and Addr				No.
011		mem negistered	Agont	8	Name		O, Hame and Addi	948 VI 11011 I	1091910100	- Agoin	
	ELLET, RAY			Ľ]						
	B1 PLACIDA RD, UNIT 4201				2 Street	Address	(P.O. Box Number is	s Not Accepta	able)		
EM	GLEWOOD FL 34223			8:	3						
				82	4 City				FL	85 Zip	Code
11 Pursupol	to the provisions of Sections 607	.0502 and 607.15	08. Florida Statu	ites, the abo	ve-named	corporat	tion submits this stat	ement for the		of changing	its registered
11. 1 01000111	anintarad agant or both in the S	State of Florida. Su	ich change was	authorized b	by the corp	poration's	s board of directors.	I hereby acc	ept the app	pointment as	registered
	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	obligations of, Sect	tion 607.0505, F	iorida Statuti	98.						
office or r agent. I a SIGNATURE	m familiar with, and accept the o			IDrida Statuti					DATE		
	Signature, typed or printed name of registere		cable [NO						DATE		RS IN 12
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applic	cable [NO	TE Registered A	gent signature		hen reinstating)		DATE		RS IN 12
SIGNATURE	Signature: hypod or printed harrie of regislate OFFICERS D OUELLET, RAY	ad agent and title if applic S AND DIRECTORS	cablo (NO	TE: Registered A	gent signature		hen reinstating)		DATE	D DIRECTO	
SIGNATURE 12. TITLE	Signature: hyped or printed harrie of registers OFFICERS O OUELLET, RAY 1531 PLACIDA RD, UNIT	ad agent and title if applic S AND DIRECTORS	cablo (NO	13. 1.1 TITLE	gent signature		hen reinstating)		DATE	D DIRECTO	
SIGNATURE 12. TITLE NAME	Signature: hypod or printed harrie of regislate OFFICERS D OUELLET, RAY	ad agent and title if applic S AND DIRECTORS	S DELETE	13. 1.1 TITLE	gent signature	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTOI	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature: hyped or printed harrie of registers OFFICERS O OUELLET, RAY 1531 PLACIDA RD, UNIT	ad agent and title if applic S AND DIRECTORS	cablo (NO	13. 1.1 TITLE 1.2 NAME 1.3 STREET	gent signature	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTOI	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL	ad agent and title if applic S AND DIRECTORS	S DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent signature	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTOI	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	D OUELLET, RAY 1531 PLACIDA RD, UNIT 4 ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133	ad agent and title if applic S AND DIRECTORS	S DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAMI	gent signature	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTOI	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL	ad agent and title if applic S AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAMI	gent signature ET ADDRESS ST-ZIP ET ADDRESS	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTOI	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133 SARASOTA FL 34276 D	ad agent and title if applic S AND DIRECTORS	S DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY. 2.1 TITLE 2.2 NAMI 2.3 STREI	gent signature ET ADDRESS ST-ZIP ET ADDRESS - ST-ZIP	e required wh	hen reinstating)	IGES TO OFF	DATE	D DIRECTO	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133 SARASOTA FL 34276 D OUELLET, MARIE RENEE	ad agent and title if applic S AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY. 2.1 TITLE 2.2 NAMI 2.3 STREI 2.4 CITY	gent signeture ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTO	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133 SARASOTA FL 34276 D OUELLET, MARIE RENEE 180 ST JOSEPH	od agent and title if epplic AND DIRECTOR:	DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 NAME	gent signeture ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTO	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133 SARASOTA FL 34276 D OUELLET, MARIE RENEE	od agent and title if epplic AND DIRECTOR:	DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY. 2.1 TITLE 2.2 NAMI 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY	gent signature ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTO Change Change Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133 SARASOTA FL 34276 D OUELLET, MARIE RENEE 180 ST JOSEPH	od agent and title if epplic AND DIRECTOR:	DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.3 STREI 3.3 STREI	gent signature ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTO	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133 SARASOTA FL 34276 D OUELLET, MARIE RENEE 180 ST JOSEPH	od agent and title if epplic AND DIRECTOR:	DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY. 2.1 TITLE 2.2 NAMI 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY	gent signeture ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTO Change Change Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133 SARASOTA FL 34276 D OUELLET, MARIE RENEE 180 ST JOSEPH	od agent and title if epplic AND DIRECTOR:	DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAM	gent signeture ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTO Change Change Change Change	Addition Addition
SIGNATURE 12. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133 SARASOTA FL 34276 D OUELLET, MARIE RENEE 180 ST JOSEPH	od agent and title if epplic AND DIRECTOR:	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY. 2.1 TITLE 2.2 NAMI 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY.	gent signeture ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTO Change Change Change Change	Addition Addition Addition Addition
SIGNATURE 12. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133 SARASOTA FL 34276 D OUELLET, MARIE RENEE 180 ST JOSEPH	od agent and title if epplic AND DIRECTOR:	DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAMI 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREI 4.4 CITY- 5.1 NITLE	Gent signature ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS ST-ZIP	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTO Change Change Change Change	Addition Addition Addition Addition
SIGNATURE 12. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133 SARASOTA FL 34276 D OUELLET, MARIE RENEE 180 ST JOSEPH	od agent and title if epplic AND DIRECTOR:	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREI 4.4 CITY 5.1 WITLE 5.2 NAME 5.3 NAME 5.4 NAME 5.4 NAME 5.4 NAME 5.4 NAME 5.5 NAME 5	Gent signature ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E T ADDRESS -ST-ZIP E T ADDRESS -ST-ZIP	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTO Change Change Change Change	Addition Addition Addition Addition
SIGNATURE 12. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133 SARASOTA FL 34276 D OUELLET, MARIE RENEE 180 ST JOSEPH	od agent and title if epplic AND DIRECTOR:	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREI 4.4 CITY 5.1 VITLE 5.2 NAMI 5.3 STREI 5.3	Gent signature ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E T ADDRESS -ST-ZIP E T ADDRESS -ST-ZIP	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTO Change Change Change Change	Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133 SARASOTA FL 34276 D OUELLET, MARIE RENEE 180 ST JOSEPH	od agent and title if epplic AND DIRECTOR:	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY. 2.1 TITLE 2.2 NAMI 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREI 4.4 CITY. 5.1 NITLE 5.2 NAME 5.3 STREI 5.4 CITY. 5.3 STREI 5.4 CITY.	Gent signature ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTO Change Change Change Change	Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133 SARASOTA FL 34276 D OUELLET, MARIE RENEE 180 ST JOSEPH	od agent and title if epplic AND DIRECTOR:	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY. 2.1 TITLE 2.2 NAMI 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREI 4.4 CITY. 5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY. 6.1 TITLE	Gent signature ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTO Change Change Change Change	Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133 SARASOTA FL 34276 D OUELLET, MARIE RENEE 180 ST JOSEPH	od agent and title if epplic AND DIRECTOR:	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREI 4.4 CITY 5.1 NATLE 5.2 NAME 5.3 STREI 5.4 CITY 6.1 TITLE 6.2 NAME 6.3 NAME	Gent signature ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E T ADDRESS -ST-ZIP E T ADDRESS -ST-ZIP	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTO Change Change Change Change	Addition Addition Addition Addition
SIGNATURE 12. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS D OUELLET, RAY 1531 PLACIDA RD, UNIT (ENGLEWOOD FL 34223 D PENCE, MICHAEL PO BOX 22133 SARASOTA FL 34276 D OUELLET, MARIE RENEE 180 ST JOSEPH	od agent and title if epplic AND DIRECTOR:	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY 5.1 VITLE 5.2 NAMI 5.4 CITY 6.1 TITLE 6.2 JAMME 6.3 STREI 6.3	Gent signature ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	e required wh	hen reinstating) ADDITIONS/CHAN	IGES TO OFF	DATE	D DIRECTO Change Change Change Change	Addition Addition Addition Addition

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental agruual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execu Block 12 or Block 13 if changed, or on ap affairment with an address. ware & 21/98. (9484943700. SIGNATURE: