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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

CITY-ST-ZIP

1. Corporation	TECHNICAL SEI		009229 3.	14 (Z)							
Principal Place	e of Business		Mailing Add	Iress	•			-{		HIO HIOTO HIOTO HA	H EIBI FBEI
1967 ALTON DR. CLEARWATER FL 33763			1967 ALTON DR. CLEARWATER FL 33763								
								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified	IN IMIS	SPACE	
								11/01/1997			
2. Principal P	lace of Business		2a, Mailing	Address				4. FEI Number			plied For
21			26					59-3473936		h	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22			27					5. Certificate of Status Desired		Fee Re	equired
City & State			City & State					6. Election Campaign Financing	_	\$5.00	May Be
23			28		,		~	Trust Fund Contribution		Added	
Zip	⊢	intry	Zip		Count	ry		8. This corporation owes or has pa		irrent year Int	angible ☑ No
24	25 25	drass of Curra	29 nt Registered Age	ent	30		· · · · · · · · · · · · · · · · · · ·	Personal Property Tax due June 10. Name and Address of New Re			A NO
Ant		<u></u>	in riogiotorou Ag		8	1	Name	10. 110110 4110 71001000 07 11011 110	9.0.0.0	- Agont	
MIZIO, ARMANDO						_					
25400 US 19 N., STE. 210 CLEARWATER FL 33763					8:	2	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)		
, OLI	EMITTALEIT I E 90	100			8:	3					
						1	03			las Fr.	A
					8.	4	City		FI	_ 85 Zip i	Code
office or r	to the provisions of S egistered agent, or b m familiar with, and a	oth, in the State	e of Florida. Such i	change was	authorized t	ov t	named corpo he corporati	oration submits this statement for the pon's board of directors. I hereby acce	ourpose pt the ap	of changing it pointment as	s registered registered
SIGNATURE		,	,								
	Signature, typed or printed r			(NOI)		gent	signature require	od when reinsteting)	DATE		
12.	DPST	OFFICERS AN	ND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	CERS AN	D DIRECTOR Change	Addition
TITLE	GROSCH, LISA	м			1.2 NAME					Onlingo	ADDITION
NAME STREET ADDRESS	1967 ALTON D				1.3 STREE		DODE CC				
CITY-ST-ZIP	CLEARWATER				1.4 CITY-						
TITLE	QLD WITH CIT	12 00700	Ĺ	DELETE	2.1 TITLE		211			Change	Addition
NAME				_	2.2 NAME					_ •	
STREET ADDRESS					2.3 STREE		DORESS				
CITY-ST-ZIP					2. 4 CITY		- 1				
TITLE				DELETE	3.1 TITLE					☐ Change	Addition
NAME					3.2 NAME	-					
STREET ADDRESS					3.3 STREE	ET AI	ODRESS				
City-ST-ZIP			····		3.4 CITY	- ST	ZIP				
TITLE			L	DELETE	4.1 TITLE					☐ Change	Addition Addition
NAME					4. 2 NAM						
STREET ADDRESS					4.3 STREE		1				
CITY-ST-ZIP				DELETE	4.4 CITY-		ZIP			Change	Addition
TITLE			L	_ DELETE	5.1 TITLE					in rusude	Magningu
NAME					5.2 NAME		nnarea				
STREET ADDRESS					5.3 STREE						
CITY-ST-ZIP TITLE	15		r	DELETE	5.4 CITY- 6.1 TITLE	_	ZIP'			Change	Addition
NAME				_, 5,	6.2 NAME					Change	
OTDEET ANNOESS					6.3 STDES		nneree				

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 changed, or on an attackment with an address.

6.4 CITY-ST-ZIP

03/17/98 (813) 736-8024

FILED

Mar 30 1998 8:00am

Secretary of State