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

PROFIT CORPORATION ANNUAL REPORT

1998



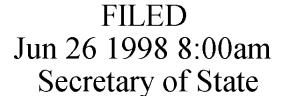
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham'

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name P97000093787 (4)

GARIBALDI INVESTMENT PLAN, INC.





Principal Place	a of Business	Mading Address				
4102-C CORTEZ DR. 4102-C CORTEZ DR.						
TAMPA FL 33614 TAMPA FL 33614					DO NOT WRITE IN THE	S SPACE
					3. Date Incorporated or Qualified	
					10/31/1997	
2. Principa! Pi	ace of Business	2a. Mading Address			4, FEI Number	Applied For
21		26			8929446-62	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	, 	Cily & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zψ	Country	y	8. This corporation owes or has paid the c	urrent year Intangible
24	[25]	29	30		Personal Property Tax due Jurie 30.	Yes No
	Name and Address of Curre	ent Registered Agent		т	10. Name and Address of New Registere	d Agent
GRU	JMAN, WILLIAM		81	Name		
3400 W. KENNEDY BLVD. TAMPA FL 33609			82	Street Add	fress (P.O. Box Number is Not Acceptable)	
	, , , , , , , , , , , , , , , , , ,		83			
			84	City		85 Zip Code
			"	Olly	F	L 69 Zip Code
	o the provisions of Sections 607.05 ogi ste cct agent or both, in the Stat in fam iliar with, and accept the oblis	e of Horida. Such change was a	authorized b	v the corpora	poration submits this statement for the purpose ation's board of directors. Thereby accept the ap	of changing its registered oppointment as registered
SIGNATURE	Signature type For pointed name of registers in	net mod the Laminde dan (MCC)	L. Ricashined An	out son above resou	prod when reinstating) DATE	
12.		ND DIRECTORS	13.	an ogranic is qu	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	DPST	Drefte.	3.1 T(I) E			Change Addition
NAME	KUCHER, PETR		1.2 NAME			
STREET ADDRESS	4102-C CORTEZ DR.		1 3 STREET	ADORESS		
CITY-ST-ZIP	TAMPA FL 33614		1.4 C(1Y - 5	S1-ZIP		
TITLE	□ DELET		2171111			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			23 STREE	ADDRESS		
CITY - \$1 - ZIP			2 4 CITY-	S1-7#		
TITLE		☐ DELETE	3 1 THILE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 S1R61	ADDRESS		
CITY-ST-ZIP			3.4 City-	S! ZIP		
TITLE		L] DETETE	4111111			Change Addition
NAME {			4 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIF			4.4 CITY - S	ST - 7 IP		
TITLE		DELETE	5 1 THEE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	ST - ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAMÉ		5.000 0000211765521 06/20/88010860	画 / ///da
STREET ADDRESS			6.3 STREET	ADDRESS	***159.00	(6.5
CITY OT 710			CACIDA C	מאל ני	to the manufacture of the second	Y 11∧

14. Thereby certify that the information supplied with this filling 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 of the convertor trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.