## 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 # P97000094295 (7)

**FILED** Apr 24 1998 8:00am Secretary of State

6420 SANTA MONCA DR TAMPA FL 33615  2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 3. Date Incorporated or Qualified 11/03/1997 4. FEI Number 59 ~ 34 80 1 60 Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required 55. 00 May Ba	YANKE	E & ASSOCIATES, INC.						
TAMPA FL 33815  TAMPA FL 33815  TAMPA FL 33815  TAMPA FL 33815  2. Principal Place of Business 2. Principal Place of Busines	Principal Plac	ce of Business	Mailing Address	Mailing Address			<u> </u>	
TAMPA FL 33615  TAMPA FL 33615  2. Principal Place of Buenes  3. Date Incorporated or Qualified  11/03/1987  2. Principal Place of Buenes  3. Date Incorporated or Qualified  11/03/1987  4. FEI Number  5. Certificate of Status Desired   \$8.75 Additional Fee Required  City & State  City	6420 SANTA	MONICA DR	6420 SANTA MONICA I	6420 SANTA MONICA DR				
2. Principal Place of Buences   2a. Mailing Address   2a. Mailing Address   5. Fill Marriage   5. Fill Marri	TAMPA FL 30	9615						
2. Principal Place of Business   2a. Marling Additions   5. C. Strict   Application							ACE	
2.   March April 1, etc.   2.   2.   3.   3.   3.   3.   3.   3						•		
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite   State   Suite   State   Sta	2. Principal f	Place of Business	20. Mailing Address					
Suite Apt 4, etc.    Suite Apt 4, etc.   Suite	<del></del> _		<u>}</u>	<u>}</u>			<del></del>	
22   City & Stato   City & C		#, etc.		+ +			- <u></u>	
22   26   27   Country   27   Country   27   Country   27   Country   27   Country   28   Trust Fund Control conson or has paid the current year; integrable   Personal Property Tax due June 0.   See   Personal Property Tax due June 0.   See	22		27	27		5, Certificate of Status Desired	•	
29   20   25   26   27   27   27   27   28   28   28   29   28   29   29   20   20   20   20   20   20			City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
### Personal Property Tax due under 30 — Too Property Tax due to Too P	23		28					
MILLS, FREDERICK J 1200 W PLATE ST SUTTE 100 TAMPA FL 33606  180 Sized Address (P.O. Box Number is Not Acceptable)  190 Sized Address (P.O. Box Number is Not Acceptable)  191 Sized Address (P.O. Box Number is Not Acceptable)  192 Sized Address (P.O. Box Number is Not Acceptable)  193 Sized Address (P.O. Box Number is Not Acceptable)  194 Sized Address (P.O. Box Number is Not Acceptable)  195 S		ı ′	h	<b>}—</b> ,	ry	8. This corporation owes or has paid the curren		
MILLS, FREDERICK J 1200 W PLATT ST SUTTE 100 TAMPA FL 33808  82 Street Address (P.O. Box Number is Not Acceptable)  14. Pursuant to the provisions of Sections 607 (262 and 607 1608. Florida Statutors  15. Pursuant to the provisions of Sections 607 (262 and 607 1608. Florida Statutors  16. Pursuant to the provisions of Sections 607 (262 and 607 1608. Florida Statutors  17. Pursuant to the provisions of Sections 607 (262 and 607 1608. Florida Statutors  18. City FL 86 Ci	24)			30				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or tasts, in this Statute of Horiza Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or tasts, in this Statute, thing was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or tasts, in this Statute, thing was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered differences and the statute of the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered differences are corporated by the corporation's board of directors. I hereby accept the appointment as registered differences are corporated by the corporation's board of directors. I hereby accept the appointment as registered differences are corporated by the corporation's board of directors. I hereby accept the appointment as registered differences are corporated by the corporation's board of directors. I hereby accept the appointment as registered differences are corporated by the corporation's board of directors. I hereby accept the appointment as registered differences are corporated by the corporation's board of directors. I hereby accept the appointment as registered differences are corporated by the corporation's board of directors. I hereby accept the appointment as registered differences and corporation accept the differences are corporated by the corporation's board of directors. I hereby accept the appointment as registered differences and corporation accept the differences.  10			nt Hegistered Agent	ä	1 Nama	10. Name and Address of New Registered Ag	ent	
SUTTE 100 TAMPA FL 33606  TAMPA FL 33606  B4 City FL 85 ZP Code  City FL 85 ZP Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation's submits this statement for the purpose of changing its registered agent, or both in the State of Il fordis. Statutes and accorpt the obligations of Section 607 0505, Florida Statutes.  SIGNATURE  SUBJECT STATES  SIGNATURE  D				J				
TAMPA FL 33606    80				6	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. or toth, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and accept the obligations of, Section 607 0505, Florida Statutos.  SIGNATURE  S				R	3			
11. Pursuant to the provisions of Sections 607 05.02 and 607 15.08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horizon Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent to magnificate agent to magnificate the purpose of changing its registered agent to magnificate agent to magnificate the purpose of changing its registered agent to magnificate the purpose of changing its registered agent to the provisions of Scotion 607 05.05, Florida Statutes.  SIGNATURE  SIGNATURE  12. Of FICE IS AND DIFFE TOTALS  13. ADDITIONSICHANGES TO OFFICERS AND DIFECTORS IN 12.  14. OF FICE IS AND DIFFE TOTALS  15. ADDITIONSICHANGES TO OFFICERS AND DIFECTORS IN 12.  16. ADDITIONSICHANGES TO OFFICERS AND DIFECTORS IN 12.  17. NAME  18. ADDITIONSICHANGES TO OFFICERS AND DIFECTORS IN 12.  18. ADDITIONSICHANGES TO OFFICERS AND DIFECTORS IN 12.  19. NAME  19. STREET ADDRESS  19. STREET ADDRE	174	MPA PL 33000						
11. Pursuant to the provisions of Sections 607 (5007 and 607 (5008, Florida Statutors, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am density of the composition of the composition of the purpose of changing its registered office or registered agent. I am density of the composition of the composition of the purpose of changing its registered agent allowed spiral and the flags and th				8	4 City		85 Zip Code	
SIGNATURE   Signature typend or protect function of regulations approise and their displace in the Color of the Color of the Color of their spend or protect function of the Color of their spend or protect function of the Color of their spend or protect function or protect function of their spend or protect function or protect functi	11. Pursuant	to the provisions of Sections 607 050	12 and 607 1508 Florida Stat	utos the abo	ve-named co	reporation submits this statement for the purpose of ot	anging its registered	
SIGNATURE   Signature typend or protect function of regulations approise and their displace in the Color of the Color of the Color of their spend or protect function of the Color of their spend or protect function of the Color of their spend or protect function or protect function of their spend or protect function or protect functi	office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered							
SIGNATOR Signature transfer product nervi discontinual appril and their disposation (NOT) Transposer Agent signature required when reinstalling)  12. OF FICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    TITLE	ŧ.		alions of, Section 607.0505, i	rionoa Statuti	98.			
DELETE	SIGNATURE		rot and title it applicable (No	OTE Registered A	gont signature req	uired when reinstaling) DATE		
NAME   STREET ADDRESS   6420 SANTA MONICA DR	12.	OFFICERS AN	To the second control of the second control	13.	<del> </del>	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12	
STREET ADDRESS   6420 SANTA MONICA DR   13 STREET ADDRESS   14 DTY- ST- 7IP	THLE	_	DELETE	1.1 TITLE			Change Addition	
TAMPA FL 33615	NAME			1.2 NAME	:			
TITLE	STREET ADDRESS			1.3 STRE	ET ADDRESS			
NAME   STREET ADDRESS   CITY - ST - ZIP   Change   Addition			——————————————————————————————————————					
1838   RACHAEL LANE		· • .	DE DELETE			. L	Change Addition	
CITY-ST-ZIP			•	•				
TITLE         DELETE         31 TITLE         Change         Addition           NAME         32 NAME         32 NAME         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         Change         Addition           NAME         4 2 NAME         42 NAME         STREET ADDRESS         STR								
NAME		LAKEALIND FL 33805	DELETE				A	
STREET ADDRESS   33 STREET ADDRESS   34 City-St-Zip		L Dere				L	Tollange   Addition	
STREET ADDRESS   STRE				1				
DELETE							ļ	
NAME			DELETE		-31-71		Change Addition	
STREET ADDRESS				1	.	<b>L</b>	, cominge	
CITY_ST-ZIP							1	
TITLE         DELETE         5.1 STILE         Change         Addition           NAME         5.2 NAME         5.2 NAME								
NAME  \$TREET ADDRESS  \$1.3 \$TREET ADDRESS  \$1.7 \$ \$1.7 \$1.7 \$1.7 \$1.7 \$1.7 \$1.7 \$1.					VI EII	Γ	Change Addition	
5.3 STREET ADDRESS   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   5.4 CITY-ST-ZIP	NAME					_	y	
CITY-S1-ZIP         5.4 CITY-S1-ZIP           TITLE         DELETE         6.1 TITLE	STREET ADDRESS							
IIILE	CITY-ST-ZIP							
STREET ADDRESS  CITY-ST-ZIP  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP	TITLE		DELETE				Change Addition	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME			62 NAME			·	
	STREET ADDRESS			6.3 STREE	T ADDRESS			
					S1 - 21P			

r nereoy 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 supplicit or supplicit indicated and that my signature shall have the same legal effect as if made under eath; 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 attachment with an address.

4/20/98

(813)243-0319