## 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 # P97000

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Principal Plac	ce of Business	Mailing Address				i ianiādi jik jani jasli bāju 3240 āditi dali ti	HOL BIBH BIBBE 10	501 (181 1981
1817 WATROUS AVENUE 1817 WATRO TAMPA FL 33608 TAMPA FL 33			OUS AVENUE 33606			DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualified		
						11/03/1997		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				50-3486019	N	lot Applicable
Suite, Apt.	. <b>#, e</b> tc.	Suile, Apl. #, etc.				5. Certificate of Status Desired		Additional lequired
City & Star	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the c		
24	25		30			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New Registere	J Agent	
QUEZON, FRANCES E					- INATHE			
	17 WATROUS AVENUE			62	Street Addres	ss (P.O. Box Number is Not Acceptable)		
IA	MPA FL 33606		ļ	63				
				84	City		<b>85</b> Žip	Code
						F		
11. Pursuant office or agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obli	02 and 607.1508, Florida Statu e of Florida. Such change was gatiens of, Section 607.0505, F	tes, the at authorized lorida Stat	oove- d by t utes.	named corpor the corporation	ration submits this statement for the purpose in's board of directors. I hereby accept the ap	of changing i pointment as	its registered registered
SIGNATURE								
12,	Signature, typed or printed name of rug stered a OFFICERS AT	ND DIRECTORS (NO	11 Registered	Ageni	I signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DC IN 12
TITLE			1.1 10	LE	Qr.		Change	Addition
NAME			1.2 NA		17.16	rances E. Quezon		
STREET ADDRESS			1		DDRESS 1	ances e. Queton		
CITY-ST-ZIP			1.4 CfTY - 5		. כדו	17 watrous Ave		
TITLE		☐ DELETE		2.1 TITLE		2000 PC 2000	Change	Addition
NAME			2.2 NA	ME				
STREET ADDRESS	£		2.3 ST	REET A	DORESS			
CITY-ST-ZIP	2.4		2. 4 CI	TY-SI	- ZIP			
TITLE	_	DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS	3.3		3.3 ST	REET A	DDRESS			
CITY-ST-ZIP			3.4. CI	TY-ST	- ZIP			
TITLE		☐ DELETE					Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRES		DORESS			
CITY-ST-ZIP		- I ocurre	4.4 CNY-1		ZIP			
TITLE	1		5.1 111				L Change	Addition
NAME			5 2 NA					
STREET ADDRESS			1		DDRESS			
CITY-ST-ZIP TITLE				Y-ST-	ZIP		Change	Addition
NAME		petrit	6.1 TIT				L. Change	- Addition
			6.2 NA		ODDECC			
STREET ADDRESS CITY-ST-ZIP				HEET AL TY-ST-	DDRESS . 7IP			

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 13 if changes, or on an attachinept with an address.

ulanha

(812)261-122

**FILED** 

May 13 1998 8:00am

Secretary of State