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 # P97000095050 (5)

MUM'S THE WORD OF CLEARWATER, INC.

Principal Place of Business

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



13853 LAKE I CLEARWATER		13853 LAKE POINT DRIVE CLEARWATER FL 34622		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/05/1997		
	lace of Business	2a. Mailing Address	2002	Lake Pt. [4. FEI Number	Applied For
21 335 Suite, Apl.			2022	ance Lit	Dr. 266-45-8714	Not Applicable
22 #1		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	feartiles [28 Cl F1	_		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3 3°	762 Country 25 US		33742 30 US		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
y, Name and Address of Current Registered Agent					10. Name and Address of New Registered	l Agent
EPSTEIN, EMILY S				Name		
13853 LAKE POINT DRIVE CLEARWATER FL 34622				82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84	City	F1	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute f Florida. Such change was a	es, the above uthorized by	e-named corporation	poration submits this statement for the purpose	of changing its registered
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 agent. I amplified with, and accept the obliquations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE						
	Signature, typed of political name of registered ages to			nt signature require	red wher: reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	EPSTEIN, EMILY S	□ nere it	1.1 TITLE 1.2 NAME	į		LI Change LI Adolobit
STREET ADDRESS	13853 LAKE POINT DRIVE		1.3 STREET	400004		;
CITY-ST-ZIP	CLEARWATER FL 34622		1.4 CITY - S	-		
TITLE	OF THE OTHER	DELETE	2.1 TITLE	1 - 211		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2 4 CITY-S			
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-S	T - ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADORESS		
CITY-ST-ZIP			4.4 CITY-S1	1 - ZIP		Ī
TITLE		DELETE	5.1 TITLE			Change Addition
NAME	:		5.2 NAME	1		
STREET ADDRESS	÷		5.3 STREET	ADDRESS		1
CITY-ST-ZIP			5.4 CITY - ST	r-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 City - St	r-zip		

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 chapted, or on an attachment with an address.

SIGNATURE: Yould

4/20/98

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