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 # P97000095413 (5)

	CORPORATION e of Business	Mailing Address 796 NINA DR. TERRA VERDE FL 33175			DO NOT WRITE IN THIS		
					Date Incorporated or Qualified 11/05/1997		
2. Principal F	face of Business	2a. Mailing Address			4. FEI Number 65-6792320	Applied F	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Addition		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	paign Financing \$5.00 May Be		
Zip			Country	/	8. This corporation owes or has paid the cur		
24	25		0			Yes No	
	Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
	EAR, ROBERT L		81	Name			[
2790 SUNSET PT. RD.				Street Add	dress (P.O. Box Number is Not Acceptable)	. American in the second	
CLEARWATER FL 33759				-			
				City	<u> </u>	85 Zip Code	
11. Pursuant office or r agent, I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen				poration submits this statement for the purpose of ation's board of directors. I hereby accept the appured when reinstaling) DATE	changing its regist ointment as register	ered red
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DP	DELETE	1,1 TITLE			Change Ad	
NAME	WHITNEY, GEORGE O		1.2 NAME				[;
STREET ADDRESS	s 796 NINA DR. 1.35			ADDRESS			
CITY-ST-ZIP	TERRA VERDE FL 33175		1.4 CMY-S	T-ZIP		y	}
TITLE	VS DELETE 2.1					Change Ad	dition
NAME	ogilvie, Michael D		2.2 NAME				1
STREET ADDRESS	1000 MANDALAY AVE.		2.3 STREET	ADDRESS {			l
CITY-ST-ZIP	CLEARWATER BEACH FL 3376	67	2. 4 ÇITY-1	ST-ZIP	and a second second		
TITLE		DELETE	3.1 TITLE			Change Ad	dition
NAME			3,2 NAME	ĺ			
STREET ADDRESS			3.3 STREET	ADDRESS			}
CITY-ST-ZIP			3.4. CITY - 5	ST-ZIP			
TITLE	DELETE 4.1 T		4.1 TITLE			☐ Change ☐ Ad	dition
NAME			4. 2 NAME	1			ì
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	1		4.4 CITY - S	T-ZIP	a partition of the same and		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Adi	dition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
OITY OT 710			EACITY-S	Į.			ļ

I hereby 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 or the receiver or trustee expectated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chalges, or on an attachment with an address.

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

STREET ADDRESS

Change

Addition

FILED

Jan 16 1998 8:00am

Secretary of State