SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000107088 (1)

DAVIS & SCAPRITT, P.A.

FILED Jul 09 1998 8:00am Secretary of State



						▓	
Principal Place of Business Mailing Address				-) 1001/031 (10 101/1 001/1 011/1 011/1 01/1 01/1		
100 N TAMPA TAMPA FL 336	- · - · • - · •	100 N TAMPA ST. STE 29 TAMPA FL 33602	100 n tampa st. ste 295 0 Tampa fl 33602		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	\neg	
					12/18/1997		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied Fo	or	
21		26			59-3482280 Not Applic		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SR 75 Addition		
22		27			5. Certificate of Status Desired Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	,	
23		28			Trust Fund Contribution Added to Fees		
Zìp	Country	Zip	<u>├</u>		8. This corporation owes or has paid the current year Intangible		
24	25 29		30		Personal Property Tax due June 30YesNo		
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of New Registered Agent		
	RDANO, JOHN N		*	i ivanie			
	S FRANKLIN ST		8	2 Street Add	ddress (P.O. Box Number is Not Acceptable)		
IAM	IPA FL 33602		В	,			
			ľ	1			
			8	4 City	FL 85 Zip Code		
11. Pursuant	t to the provisions of sections 607.050	12 and 607 1508. Florida Statute	se the above	named coroc	protion pubmits this statement for the number of chargins its societies of		
OTHER OF	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was r	authorized b	v the corporati	tion's board of directors. I hereby accept the appointment as registered		
=	am lainillai with, and accept the oblig	ations of, section bur usus, FR	onda Statute	BS.			
SIGNATURE	Signature, typed or printed name of registered age	int and blie if applicable (NC	OTE: Registered	Agent signature req	quired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2	
TITLE	PD	DELETE	1.1 TITLE	,	Change Add	ition	
NAME	SCARRITT, THOMAS P JR		1.2 NAME				
STREET ADDRESS	2113 HILLS AVE		1.3 STREE	T ADDRESS		İ	
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP			
TITLE	VSD	DELETE	2.1 TITLE		Change Add	lition	
NAME	DAVIS, CODY F		2.2 NAME				
STREET ADDRESS	814 S DELAWARE AVE		2.3 STREE	TADDRESS			
CITY-ST-ZIP	TAMPA FL 33606		2.4 CITY-5	T-ZIP			
TITLE			3.1 TITLE		Change Add	lition	
NAME			3.2 NAME			į	
STREET ADORESS			ı	TADDRESS			
CITY-ST-ZIP	-		3.4 CITY-5	T-ZIP			
TITLE		DELETE	4.1 TITLE		Change Add	lition	
NAME			4.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	secure		5.1 TITLE	1	Change Add	ition	
NAME etocct anderes			5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP TITLE		<u> </u>	5.4 CITY-9	T-ZiP			
		DELETE	6.1 TITLE		Change Add	rtion	
NAME STDEET ADDDESS			6.2 NAME	* 1000000			
STREET ADDRESS CITY-ST-ZIP			6.3 STREE	TADDRESS			
U111-31-2#			= 6.4 CUY-S	1-784		1	

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 changed, or an attachment with an address.