## 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 #

1. Corporation Name P97000107117 (8)

## **FILED** Aug 12 1998 8:00am Secretary of State

Principal Place 629 FRANKLIN CLEARWATER F	STREET FL 33765-5413 Place of Business #, etc.	Mailing Addre 629 FRANKLIN CLEARWATER  2a. Mailing Ac 26 Suite, Apt. 27 City & Sta 28 Zip	STREET FL 33765-5413 Idress #, etc.	Country		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 12/22/1997  4. FEI Number S9-348467  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  DO NOT WRITE IN THIS SPACE  Applied For Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees		
24	25	29	30			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes X No		
<del>- ''</del>		f Current Registered Ager				10. Name and Address of New Registered Agent		
PRIETO, MARIA ROSA 629 FRANKLIN ST. CLEARWATER FL 33756-5413				81 82 83 84	City	ddress (P.O. Box Number is Not Acceptable)  FL 85 Zip Code		
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 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 am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and tille if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE								
12.		ERS AND DIRECTORS		13.	- ·· · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS	PTSV PRIETO, MARIA ROSA 629 FRANKLIN STREET CLEARWATER FL 33765		1	1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	Change Addition		
CITY-ST-ZIP TITLE	CLEARWAIEN PL 33763			1.4 CITY-ST-	ZIP			
NAME		L	DECETE	2.1 TITLE 2.2 NAME		Change  Addition		
STREET ADDRESS			2	2.3 STREET	ADDRESS	· ·		
CITY-ST-ZIP				2.4 CITY-ST-	ZIP			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			3	).1 TITLE 3.2 NAME 3.3 STREET / 3.4 CITY-ST-	1	Change Addition		
TITLE				.1 TITLE		Change Addition		
NAME				.2 NAME		- Thomas - Thomas		
STREET ADDRESS			4	3 STREET	ADDRESS			
CITY-ST-ZIP			4	.4 CITY-ST-	ZIP			
TITLE	-		DELETE 5	.1 TITLE		Change Addition		
NAME			5	2 NAME				
STREET ADDRESS			5	3.3 STREET	ADDRESS			
CITY-ST-ZIP	·		5	4 CITY-ST-	ZIP			
TITLE			DELETE 6	.1 TITLE		Change Addition		
NAME			6	I.2 NAME				
STREET ADDRESS			8	3 STREET A	ADDRESS			
CITY-ST-ZIP	wife that the information come	died with this file - dee	6	4 CITY-ST	ZiP	:		

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 on an attachment with an address.

mlanlad