FILE	NOW:	FILING	FEE	AFTER	MAY	1ST	IS	\$550.	.00
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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

FILED Jan 22 1998 8:00am Secretary of State

TIMMAR	IGO SALES, INC	•										
											ALIEN BIBIL BIBI	
Principal Place	e of Business		Mailing /	Address				ĺ	1 1001(E10 11) BB141 011 E1240 1141 01	at dedat dibit a	11 GET 21 BIS 15 BIST	1 #1#11 (#B1
5903 MENORC			P.O. BO									
APOLLO BEAC	H FL 33572			BEACH FL 33572	2				DO NOT WRITE	F IN THIS S	SPACE	
US			US						3. Date Incorporated or Qualified			
								ĺ	09/20/1990			
2. Principal Pla	ace of Business		2a. Mailir	ng Address		a			4. FEI Number		Ar	oplied For
21			26				65-0217769		_ 	ot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional	
22			27					5. Certificate of Status Desired	<u>ا</u>	Fee Re	equired	
City & State			City & State					6. Election Campaign Financing	_		May Be	
23			Zip Country				Trust Fund Contribution	Ш		to Fees		
Zip	Count	ry	Zip		—	intry			8. This corporation owes or has pa	_		
24	9. Name and Addr	ess of Current	29 Registered	Agent	30	_			Personal Property Tax due June 0. Name and Address of New Re			_l No
500			10 3.0 (0.00	- Indiana	•	81	Name		O. Hamo and Place of their the	-gioloica z	-gon	
3	STER, MATTHEW J.											
	Madison ST IPA FL 33601					82	Street Add	dress	(P.O. Box Number is Not Acceptate	ole)		-
LAM	IFA FL 33001					83						
						84	City			FL	85 Zip (Code .
11. Pursuant to	o the provisions of Sec	tions 607.0502	and 607,150	8, Florida Statuti	es, the al	bove-	-named co	orpora	tion submits this statement for the p		changing it	s registered
office or re	egistered agent, or bot	h, in the State of	Florida, Suc	ch change was a	uthorize	d by i	the corpor	ration'	tion submits this statement for the p s board of directors, I hereby accep	pt the appo	ointment as	registered
SIGNATURE	ii laitiiliai wiiii, arid adi	sept the obligation	J113 OI, OCC	011 007.0000, 110	nida Sai	uies.			•			-
	Signature, typed or printed nam	e of registered agent i	and title it applica	able. (NOTI	E: Registered	d Agen	t signature req	gulred wi	hen reinstating)	DATE	·	
12.		FFICERS AND I	DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTOR	₹S IN 12
TITLE	DPT			DELETE	1.1 TO	TLE	İ			,	Change	☐ Addition
NAME	PHILLIPS, RICHAF				1,2 NA	AME						
STREET ADDRESS	5903 MENORCA I				1.3 ST	REET A	NDDRESS					
CITY-ST-ZIP	APOLLO BEACH I	<u>-L</u>				TY-ST	-ZIP					
TITLE	DVS			DELETE	2.1 🌃		İ				Change	Addition
NAME	PHILLIPS, MARGO				2.2 NA							
STREET ADDRESS	5903 MENORCA I	ANE					DDRESS					
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NAME					3,2 NA							ł
STREET ADDRESS							DDRESS					ſ
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NAME				Decer	4, 2 N					ľ	o.imiAe	- Vaniani
STREET ADDRESS						_	ODRESS					
CITY - ST - ZIP						rice: A TY-ST-						
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NAME					5.2 NA					•		
STREET ADDRESS					•		DDRESS					
CITY-ST-ZIP					ı	14-ST-						
TITLE			. ··· ·	DELETE	6.1 777		- -			7	Change	Addition
NAME					6.2 NA							
STREET ADDRESS							DDRESS					
CITY-ST-ZIP						IY-ST-						
	ertify that the information	n supplied with	this filing do	es not quality fo				in Sec	tion 119.07(3)(i), Florida Statutes. I	further cer	tify that the	information

purate and that my signature shall have the same legal effect as if made under oath; that I am a execute this report as required by Chapter 607, Florida Statutes; and that my name appears in