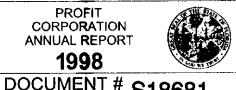
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUI 1. Corporation	MENT # S1868 [.]	1 (4)				
THOMAS	J. ZANDECKI, P.A.					
Principal Place	e of Business	Malling Address				#1000 6 4000 0400 0000 9 0600 1000
7627 LITTLE RD		7627 LITTLE RD				
NEW PORT RICHEY FL 34654 NEW PORT FL 34654					DO NOT WRITE IN THIS SP ACE	
US US					3. Date Incorporated or Qualified	
2. Principal Place of Business 2e. Mailing Address					12/14/1990 4. FEI Number	Applied For
21 - Till Cipal F	lace of Ottomosa	⊢¬ ~	26		59-3056181	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	
Zip	Country	Zip	Cour	ıtry	8. This corporation owes or has paid the or	urrent year Intangible
24	9. Name and Address of Curr	ant Baglatarad Agant	30	- , . , 	Personal Property Tax due June 30. 10. Name and Address of New Registere	
7411		ent Registered Agent		81 Name	Ter Hame and Modified Of How Hoperston	
	DECKI, THOMAS J.		ļ			
7627 LITTLE RD NEW PORT RICHEY FL 34654				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MENT ON MORE TE CHOOM			ľ	83		
			-	84 City		85 Zip Code
			j	. *	F	<u>L</u>
11. Pursuant	to the provisions of sections 607.05	502 and 607.1508, Florida Statu	les, the abo	ve-named corp	oration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered
agent. I	am fa mil iar with, and accept the obl	ligations of, section 607.0505, F	Iorida Statu	ites.	non's board of directors. Thoroby decopt the app	bination de regioneres
SIGNATURE			IOTE D. L.		equired when reinstating) DATE	
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	ed Agent signatura re	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 TITI	E I		Change Addition
NAME	ZANDECKI, THOMAS J.		1.2 NAI	AE		_
STREET ADDRESS	7627 LITTLE RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL		1,4 CIT	Y-ST-ZIP		
TITLE		DELETE	2.1 111	.E		Change Addition
NAME			2.2 NA!	Æ .		
STREET ADDRESS			2.3 STR	EET ADDRESS		
CITY-ST-ZIP			2.4 CIT 3.1 TIT	Y-ST-ZIP		_ _
TITLE		L_ DETEIL		1		Change Addition
NAME			3.2 NA1	1		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP			4.1 TIT	Y-ST-ZIP		Change Addition
NAME		[] DETELE	4.2 NA			CI Printing CI Fragiliti
STREET ADDRESS			. L	EET ADDRESS		
CITY-ST-ZIP			1	Y-ST-ZIP		
TITLE		DELETE	5.1 TIT			Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STF	EET ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		
TITLE		DELETE	6.1 TiT	LE		Change Addition
NAME			6.2 NA			
STORET ANNOESS	1		6.3 STE	EET ADDRESS		1

CITY-ST-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 changed, or on an attachment with an address.

OURSED

8-17-97

FILED

Aug 27 1998 8:00am

Secretary of State