FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1998			Secretary of State DIVISION OF CORPORATIONS			Secretary of State			
DOCUI 1. Corporation THERAI		# S54 OUCH, INC.	576	(1)				1(8) 81811 8(8) B181 81		
Dringing Diag	a a (D		11-0	6 44						
Principal Place of Business Mailing Address										
4141 MALLARI SAFETY HARE				4141 MALLARD DR SAFETY HARBOR FL 34695			DO NOT WRITE II	N THI S S PACE		
							 Date Incorporated or Qualified 05/20/1991 			
2. Principal Pl	lace of Busin	ess	2a, M	2a. Mailing Address			4. FEI Number		pplied For	
21			26				59-3068739	N	lot Applicable	
Suite, Apt.	#, e tc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
City & State				27 City & State					Required	
23	_		28	⊢ , •			6. Election Campaign Financing Trust Fund Contribution	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Zip	Country		h	Z(p)C		У	8. This corporation owes or has paid the current		`	
24		25 and Address of		29 30 1 Registered Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
CITI	ITH, CATHE		· ourrent trog ator	oo rigon,	8	Name	IV. Hamb with Hadrone of Holy Hoge	atolog rigon		
	IIII, OATHE				8:	2 Ctrop 6d	Idress (P.O. Box Number is Not Acceptable			
SAFETY HARBOR FL 34695						Street Ad	luress (P.O. Box Number is Not Acceptable	')		
****	_,,,,,,,,				8	3				
					8	4 City		85 Zip	Code	
· · · · · · · · · · · · · · · · · · ·						'		FL		
11. Pursuant t office or re	to the provision egistered ago	ons of Sections ent, or both, in t	607.0502 and 607. he State of Florida.	.1508, Fl orida S tatu Such ch ange w as	ules, the abo authorized i	ve-named co by the corpor	proporation submits this statement for the pur ration's board of directors. I hereby accept	rpose of changing the appointment a	its registered s registered	
agent. I a	m fa miliar wit	h, and accept th	ne obligations of, S	Section 607.0505, F	lorida Statut	es.				
SIGNATURE	Signature, typed o	y peried name of reg	istored agent and tile if a	pplicable (NO	TE Registered A	gent signature rec	quired when reinstating)	DATE		
12		OFFICE	ERS AND DIRECTO	·	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12	
TITLE	D			☐ DELETE	1.1 TITLE			Change	Addition	
NAME	-	ATHERINE J.		1.2 N						
STREET ADDRESS		LLARD DR		1.3 STREET ADDRESS						
CITY-ST-ZIP TOTLE	SAFEIT	HARBOR FL		DELETE	1.4 CITY- 2.1 TITLE			Change	☐ Addition	
NAME				CT percie	2.1 MLC	ſ		- Onlinge	radiion	
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP					2 4 City					
TITLE				DELETE	3 1 TITLE			☐ Change	Addition	
NAME					3.2 NAME	:				
STREET ADDRESS					3.3 STREE	et address				
CITY-ST-ZIP		·		T SELECT	3.4. СПҮ					
TITLE				☐ DELETE	4.1 TITLE			L. Change	Addition	
NAME					4. 2 NAM					
STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP TITLE	 -			DELETE	4.4 CITY - 5.1 TITLE			☐ Change	Addition	
NAME					5 2 NAME			.— "•	-	
STREET ADDRESS					5.3 STREE	T ADDRESS			}	
CITY-ST-ZIP		···			5.4 CITY	ST - ZIP				
TITLE		_		☐ DELETÉ	6.1 TITLE			☐ Change	Addition	
NAME					6.2 NAME]	
STREET ADDRESS						EZAPODA ES				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		<u>.</u>	6.4 CITY	S1-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.

GNATURE:

CATHERIBUSE 5 SMICH.

4 -29.98 813-291-1965

FILED

May 20 1998 8:00am