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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1. Corporati | OARDS PLUS, INC. |)/ (/) | | | |
|---|---|--|-------------------------------|---|--|
| Principal Pla | ace of Business | Mailing Address | | | I BABAL BUBAL BUBAL BABAL UBUH |
| 32170 US HWY 19 NORTH PALM HARBOR PL 34584 US | | 32170 US HWY 19 NORTH PALM HARBOR FL 34884 US | | DO NOT WRITE IN THIS | SPACE |
| | | | | 3. Date Incorporated or Qualified | |
| 0 Principal | Place of Business | 2a. Mailing Address | | 07/08/1991 4. FEI Number | |
| 21 Philospai | Flace of Doskiess | 26 Walling Address | | 59-3073740 | Applied For Not Applicable |
| Suite, Apr | t. #, etc. | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Sta 23 | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the cur | |
| 24 | 25 9. Name and Address of Cur | | 30 | Personal Property Tax due June 30. 10. Name and Address of New Registered | Yes No |
| 14 | · | teur uedisteren währt | 81 Name | 10. Hante and Address of New Registered | - Again |
| | SSER, KENNETH R. | | | | |
| | 32170 US HWY 19 NORTH PALM HARBOR FL 34684 | | | ddress (P.O. Box Number is Not Acceptable) | |
| r <i>,</i> | ALM HANDON FE 34004 | | 83 | | |
| | | | | · | 1. Ta-2- |
| | | | 84 City | FL | 85 Zip Code |
| 11. Pursuan office or agent. I SIGNATURE | X | 1502 and 607.1508, Florida Statute ate of Florida Such change was a ligations of, Section 607.0505, Florida and title of applicable. | | orporation submits this statement for the purpose of ration's board of directors. I hereby accept the app | changing its registered ointment as registered |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | | Change Addition |
| NAME | VISSER, KENNETH R. | | 1.2 NAME | | |
| STREET ADDRESS |) | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM HARBOR FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D DECEMBER OF CONTRACT | ☐ DELETE | 2.1 TITLE | ÷ | ☐ Change ☐ Addition |
| NAME | VISSER, DEBORAH A. | | 2.2 NAME | | |
| STREET ADDRESS | 92170 US HWY 19 NORTH PALM HARBOR FL | | 2.3 STREET ADDRESS | ÷ | i |
| CITY-ST-ZIP TITLE | TACIII TRABOTI TE | DELETE | 2. 4 CITY-ST-ZIP 3.1 TITLE | | Change Addition |
| NAME | | <u> </u> | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | ĺ |
| 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 | | |

14. I hereby certify that the information supplied with this filing does indicated on this annual report or suppliemental annual report is officer or director of the corporation of the receiver or tusine em Block 12 or Block 13 if changed and the altachment with an altachment with an a

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change ☐ Addition

FILED

Feb 18 1998 8:00am

Secretary of State