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

PROFIT CORPORATION **ANNUAL REPORT**

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

FILED May 15 1998 8:00am Secretary of State

ST, INC.					
Principal Place of Business		Mailing Address		i carickië (i) châlt bifat ausa titia lait âtâti g	(Sri gişit bigil biğil ğibil isəl
1445 COURT ST. Y		P.O. BOX 6171			
CLEARWATER	R FL 34616	CLEARWATER FL 34618		DO NOT WIDITE IN THE	IC CDACE
US				DO NOT WRITE IN TH 3. Date Incorporated or Qualified	15 Brace
				08/01/1991	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	ROG OF EMBINESS	26		59-3075364	Not Applicable
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	.,	27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Properly Tax due June 30.	Yes No
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registers	d Agent
ALESSANDEL PETER				Torelloss	
\$ <u>121 BHPLICH BOAD</u> , 4106			82 Street Add	ames Taylor ress (P.O. Box Number is Not Acceptable)	
JAMPA EC 3362A COCOCA				445 Court Street	
XXXXXXXX			83		
			84 City		RE Zip Code
			C]	learwater, FL F	L 85 Zin Code 34616
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
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. Fam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
CICNISTING LOS SOLOS AS THE MAN AN THERMAN				4-	-2 <i>9-9</i> 8
SIGNATURE	nature: typed or printed name of registered a	grand alle if applied in (NOTE	: Registered Agent signature requir	red when reinstating) DATE	
12.	ÖFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELÉTE	1.1 TITLE		☐ Change ☐ Addition
NAME	Taylor, James A		1.2 NAME		
STREET ADDRESS	200 MAIN STREET, #4		1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - \$1 - ZIP		
TITLE		☐ DEL€1E	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(1Y-S1-Z(P		
TITLE		☐ DELE1E	4.1 THLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
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 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- ST-ZIP		
TITLE		☐ DELE1E	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	partify that the information cumplied	with this filing does not might be		Section 119 07/9Vi) Florido Statutos I further	portification the information

Indicated on this annual report or supplied with his limit does not quality to the exemption stated in section 119.07(57), Florida Statutes. Further cettly that it in 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 empoyared 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 adorties.