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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

DEEF	DHADIS OF IEMPLE IN	innace, inc.			
Principal Place	e of Business	Mailing Address		- I TOOTTOIN SIL LOOGT TERM LOOGS TITLE FOEL OLOTE GERT	HIRIN DIDIK BYON RAPIN 1881
5025 E FOWLER AVE TAMPA FL 33617		5025 E FOWLER AVE TAMPA FL 33617		DO NOT WRITE IN THIS	edace.
				3. Date Incorporated or Qualified	STACE
				09/05/1991	
2. Principal Place of Business 2a. Mailing Address		2a. Maiting Address		4. FEI Number	Applied For
21		26		59-2744244	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		9. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]	O	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	9. Name and Address of Curre		30	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
DUNNAM, DENNIS G.					
5025 E FOWLER AVE TAMPA FL 33617			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
1700	MPA FL 33017		83		
			<b>84</b> City	FL	85 Zip Code
office or re agent. I a	egistered agent, or both, in the Stal- m familiar with, and accept the oblic	e of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized by the corporati rida Statutes.	oration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its registered pointment as registered
	Signature, typed or printed name of registered as		Registered Agent signature require		
12.	OFFICERS AN	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME	1	□ pecese	1.1 TITLE		Change Addition
STREET ADDRESS	CURNOW CARLOS A. 5025 E FOWLER AVE		1.2 NAME		
	TAMPA FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VS	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	Ruskell, judy L.		22 NAME		
STREET ADDRESS	5025 E FOWLER AVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2 4 City-St-ZiP		
TITLE	TO	DELETE	31 TITLE		Change Addition
NAME	DUNNAM, DENNIS G.		3.2 NAME		
STREET ADDRESS	1924 SYDNEY RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		3 4. CITY - ST - ZIP		
TITLE		DELETE	41 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 suppliemental 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 covervor 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.

**FILED** 

May 12 1998 8:00am

Secretary of State