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

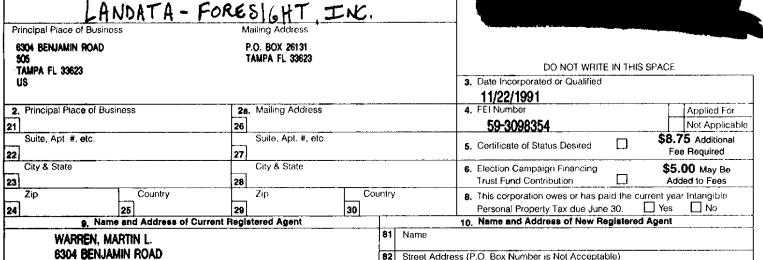
DOCUMENT #
1. Corporation Name

SUITE 505

CITY-ST-ZIP

TAMPA FL 33634

FILED Apr 03 1998 8:00am Secretary of State



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

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City

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GREELEY, LAWRENCE E.		1.2 NAME	
STREET ADDRESS	3897 AMBASSADOR DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY - ST - ZIP	
TITLE	۷Ť	☐ DELET E	2.1 TITLE	Change Addition
NAME	WARREN, MARTIN L.		2.2 NAME	
STREET ADDRESS	7903 PAT BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2. 4 CITY - ST - ZIP	
TITLE	VS .	DELETE	3.1 TITLE	Change Addition
NAME	Curtis, Bruce K.		3.2 NAME	İ
STREET ADDRESS	14006 ELLESMERE DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TOTLE		☐ DELETE	5.1 TITLE	☐ Cylange ☐ Addition
NAME			5.2 NAME	1611/2
STREET ADDRESS			5.3 STREET ADDRESS	4/19/3
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	400002478154hange Addition
NAME			6.2 NAME	-04/03/9801051031
STREET ADDRESS			63 STREET ADDRESS	***150.00

14. Thereby 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 accordate 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 trusted 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.

6.4.2/1Y - S1 - ZIP

Zip Code