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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S99204

(7)

HERSCH & KELLY, P.A.

FILED Feb 06 1998 8:00am Secretary of State



Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible	Principal Place of Business Mailing Address					C CORRIDOR AND EDELY IDDIES ILDEN ODAN BIRT GADAN BY	- F ARBINDIR 118 EDETA IDNIK ILDES BRANK BIRK BERKE ARDAN BIRK BIRK BIRK BIRK BIRK BIRK 1981 1981 1981		
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/09/1892 3. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 12/09/1892 3. Principal Place of Business 3. Principal Place of Business 3. Principal Place of Business 3. Date Incorporated or Qualified 12/09/1892 3. Principal Place of Business 3. Date Incorporated or Qualified 3. Principal Place of Business 3. Date Incorporated or Qualified 3. Principal Place of Business 3. Date Incorporated or Qualified 3. Principal Place of Business 3. Date Incorporated or Qualified 3. Principal Place of Business 3. Sulfe, Apt. #, etc. 3. Contilicate of Status Desired 3. Contilicate of Status Desired 3. Contilicate of Status Desired 3. Ref. Principal Place of Business 3. Sulfe, Apt. #, etc. 3. Contilicate of Status Desired 3. Contilicate of Status Desired 3. Sulfe, Apt. #, etc. 3. Contilicate of Status Desired 3. Contilicate of Status Desired 3. Contilicate of Status Desired 3. Status Desired 3. Contilicate of Status Desired 3. Sulfe, Apt. #, etc. 4. FEI Number 4. Sulfe Country 5. Sulfe, Apt. #, etc. 5. Contilicate of Status Desired 5. Contilicate	12248 U.S.	HWY, 301	12249 U.S. HWY. 301						
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2. Principal Piece of Business 2a, Mailing Address 4. FET Number Applied For Sp. 30,98805 Not Applicable Suite, Apt. 4, etc. 59,30,98805 Not Applicable Sp. 30,08805 Sp.							3 STAUE		
Principal Place of Business 2a, Melling Address 4. FENumber Applied For Sp. 3006805 Not Applicable for Sp. 3006806 Sp. 300 Applicable for Sp. 3006805 Not Applicable for Sp. 3006806 Sp. 300 Applicable for Sp. 3006806 Sp. 300 Applicable for Sp. 3006806 Sp. 300 Applicable for Sp. 300 Appli						_ ** '			
Suite, Apt. #, etc. Suite, Ap	9 Principa	I Place of Business	2a Mailing Address				A line of Con-		
Suite, Apt. #, etc. 27 27 City & State 28 City & State 38 City		Trace of Dosiness	 			• • • • • • • • • • • • • • • • • • • •			
Cly & State		nt # etc				1 - 1			
City & State 20						5. Certificate of Status Desired			
Zip						Flection Campaign Financing			
Zip Country Zip Country Zip Country St. This corporation owes or has paid the current year (intangible Personal Proporty Tax due June 30. Yes No. No	23		<u>├</u>			· · · ·			
Age Boundary Bou		Country	·	Country					
RELLY, JAMES E. 2249 U.S. HWY 301 OADE CITY PL 33526 83 84 City FL 85 Zip Code 85 Vance 86 City 87 88 Street Address (P.O. Box Number is Not Acceptable) 85 Zip Code 87 Vance 88 City FL 85 Zip Code 89 84 City FL 85 Zip Code 89 89 89 89 Research of the provisions of Sections 607 .05.02 and 607 .15.08. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 .05.05, Floridal Statutes. Signature from termiliar with, and accept the obligations of, Section 607 .05.05, Floridal Statutes. Signature from termiliar with, and accept the obligations of, Section 607 .05.05, Floridal Statutes. Signature from termiliar with, and accept the obligations of, Section 607 .05.05, Floridal Statutes. Signature from termiliar with, and accept the obligations of, Section 607 .05.05, Floridal Statutes. Signature from termiliar with, and accept the obligations of, Section 607 .05.05, Floridal Statutes. Signature from termiliar with, and accept the obligations of, Section 607 .05.05, Floridal Statutes. Diffice or registered agent, or both, in the State of Floridal Statutes. The acceptance of changing its registered agent, or both, in the State of Floridal Statutes. Both Acceptance from termiliar with, and accept the obligations of, Section 607 .05.05, Floridal Statutes. Both Acceptance from termiliar with, and accept the obligations of, Section 607 .05.05, Floridal Statutes. Both Acceptance from termiliar with, and accept the obligations of, Section 607 .05.05, Floridal Statutes. Both Acceptance from termiliar with, and accept the obligations of, Section 607 .05.05, Floridal Statutes. Both	24	25	29	30		,			
NELLY, JAMES E. 12249 U.S. HWY 301 DADE CITY FL 33526 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 55 Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE 9. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ITILE 10. OAPE CITY FL 11. ITILE 10. OAPE CITY FL 11. STREET 11. STREET 12. AUME 12. AUME 12. AUME 13. STREET ADDRESS 13. ALDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS 13. AUDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS 13. AUDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS 13. AUDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS 13. AUDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-2P 15. AUDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 15. AUGITICAL STREET 15. STREET ADDRESS 16. STREET ADDRESS 17. ST-2P 17. AUME 17. AUM		g, Name and Address of Cu	rrent Registered Agent	1			d Agent		
12249 U.S. HWY 301 DADE CITY FL 33526 82 Street Address (P.O. Box Number is Not Acceptable) 83 Bay	K	FLLY, JAMES F.		81	Name				
DADE CITY FL 33526 88 City B4 City FL S5 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes Signature 10				92	Stroot Ad	drans (P.O. Roy Number is Not Acceptable)	·		
B3 B4 City				OZ.	Sileet Au	idless (F.C. box Number is Not Acceptable)			
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 signature inquired when rehatitions and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGN	_	ADE 0111 1 E 00320		83	***************************************		100		
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 signature inquired when rehatitions and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGN		•		-					
THE PURSUANT TO THE PROVISIONS Of Sections 607 05092 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and this, and accept the obligations of, Section 607 05095, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent to the purpose of changing its registered agent agent to the purpose of changing its registered agent agent to the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent to the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, agent to the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, agent agent to purpose a purpose of the appointment as registered agent, agent agent agent to purpose agent agent to purpose agent agen				84	City	F	L 85 Zip Code		
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 applicative (NOTE Registered Agent signature required when reinstating) DATE	11. Pursua	nt to the provisions of Sections 607	0502 and 607.1508, Florida Statut	es, the above	e-named co	progration submits this statement for the purpose	of changing its registered		
SIGNATURE Signature. Systed or protect name of legislated agent and life if applicable NOTE Registered Agent signature required when reheliating) DATE	office o	r registered agent, or both, in the S Lem femiliar with, and accept the o	itate of Florida. Such change was a bligations of Section 607 0505. Flo	authorized by	the corpor	ration's board of directors. I hereby accept the ap	pointment as registered		
Synature typed or printed name of registered agent and fille it applicable ROSE Registered Agent signature required when reinfelleting) DATE		·	singulation of, debutan our losses, in	onda otatolot	··				
TITLE DELETE 1.1 TITLE	SIGNATUR	Signature, typed or printed name of registere	d agent and title if applicable (NOT	E Registered Age	int signature req	ovired when reinstating) DATE			
NAME HERSCH, LARRY S. 12 NAME 13 STREET ADDRESS 13445 14TH STREET 13 STREET ADDRESS 14 CITY-ST-ZIP	12.	OFFICERS		13.		ADDITIONS/CHANGES TO OFFICERS AN			
STREET ADDRESS 13445 14TH STREET 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP	TITLE	D	-				☐ Change ☐ Addition		
City	NAME	HERSCH, LARRY S.		1.2 NAME					
TITLE D DELETE 2.1 TITLE	STREET ADDRES	s 13445 14TH STREET		1.3 STREET	ADDRESS				
NAME KELLY, JAMES E. 2.2 NAME 2.3 STREET ADDRESS	CITY-ST-ZIP	DADE CITY FL_		1.4 CITY-S	1 - ZIP				
1249 U.S. HWY 301 2.3 SIREET ADDRESS 12249 U.S. HWY 301 2.4 CITY-ST-ZIP	TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition		
CITY-ST-ZIP DADE CITY FL 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME 3.3 STREET ADDRESS	NAME	KELLY, JAMES E.		2.2 NAME					
TITLE DELETE 3.1 TITLE Addition NAME 32 NAME STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS CITY-ST-ZIP Change Addition NAME DELETE 4.1 TITLE Change Addition NAME 4.2 NAME CTY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP	STREET ADDRES			2.3 STREET	ADDRESS				
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CITY-ST-ZIP 4.4 CITY-SI-ZIP	NAME			4. 2 NAME					
	STREET ADDRES	s ·		4.3 STREET	ADDRESS				
				4.4 CITY-S	T-ZIP		i		
			DELETE		*		Change Addition		

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 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 extra higher than address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-S1-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

January 29, 1998

Change

Addition