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

## **PROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT  1998				Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
DOCUI		# V01003	3	(5)							
HOME OFFICE TAX SERVICE, INC.											
Principal Place of Business Mailing Addre					s			n nabut ditter kanac tibett katist bahad tigt memit attis aftet beste bedit dien eitelt atti			
4232 CHESTERFIELD CIRCLE				4232 CHESTERFIELD CIRCLE							
PALM HARBOR FL 34683 US				PALM HARBOR FL 34683 US				DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
				••				3. Date Incorporated or Qualified	$\neg$		
								01/02/1992			
2. Principal Place of Business				a. Mailing Address				4. FEI Number Applied For	_		
21				26				59-3094874 Not Applicate	le		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired See Required			
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	$\neg$		
23				28				Trust Fund Contribution Added to Fees			
Zip	ļ	Country	L.,	Zip Cou			•	This corporation owes or has paid the current year Intangible			
				29 30			Personal Property Tax due June 30. Yes No				
							10. Name and Address of New Registered Agent	$\dashv$			
SUVAL, DORIS							Name	·			
4232 CHESTERFIELD CIRCLE							Street A	Address (P.O. Box Number is Not Acceptable)			
PALM HARBOR FL 34683											
							City	FL 85 Zip Code			
11. Pursuant office or re agent. La	to the provisi egistered ag rn familiar wit	ons of Sections 607.0502 ent, or both, in the State th, and accept the obliga	and of Flor	607.1508, Florida Statute rida. Such change was a of, Section 607.0505, Flo	s, the a uthorize rida Sta	bove d by tutes	the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	┛		
SIGNATURE	5(		-1 d ('s	Maria Maria	D	44		e required when reinstalling)	-		
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent aignature)  12. • OFFICERS AND DIRECTORS  13.						ALK BEGENVIOLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	£			
TITLE	0					TLE		Change Addition			
NAME	SUVAL, DORIS					AME			3		
STREET ADDRESS 4232 CHESTERFIELD CIRCLE					1.3 \$1	1.3 STREET AD			[8		
1 DALLA ALABOOD DI						4 CITY-ST-ZIP			ន		
TITLE				DELETE	2.1 1			☐ Change ☐ Addition	on C		
NAME (					2.2 N	AME	ļ		ļ		
STOFFT ADDRESS					220	FREET	ADDRESS		- 1		

CITY-ST-ZIP 3.4. CITY+ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETÉ 6.1 TITLE Addition TITLE NAME 6.2 NAME

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

3.1 TITLE 3.2 NAME

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 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 order attachment with an address.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

**FILED** 

Apr 15 1998 8:00am

Change

☐ Addition