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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V13446

(2)

ALBINSON & PERSANTE, P.A.

| FILED              |
|--------------------|
| Apr 29 1998 8:00am |
| Secretary of State |



|  |                |                         |  |                      |                     |                  |        |                  |  | i <b>C</b> idii 91 <b>C</b> il 0<br>1 <b>Cid</b> ii 910 | AARI OHANI DI<br>Pari didili di | (                              |        |  |
|--|----------------|-------------------------|--|----------------------|---------------------|------------------|--------|------------------|--|---|---------------------------------|--------------------------------|--------|--|
| Principal Place of Business Mailing Address  |                |                         |  |                      |                     |                  |        |                  | 1 LOBIL ANKARA HIERD HILL GIRIN DIRIN DIN  | ! <b>8/8</b> !! <b>8/8</b> !! <b>8</b>                  | (Gil A181) Di                   | ari bidil labi                 |        |  |
| 46   | 25 E. BAY      | DR.                     |  | 4625 E. B            | AY DR.              |                  |        |                  |  |   |                                 |                                |        |  |
|  | E #223         | FI 64004                |  |                      | \$TE. #223          |                  |        |                  | DO NOT WRITE   | DO NOT WRITE IN THIS SPACE                              |                                 |                                |        |  |
| US   | EARWATER       | FE 34624                |  | US                   | CLEARWATER FL 34624 |                  |        |                  | 3. Date Incorporated or Qualified  |   |                                 |                                |        |  |
| <b>5</b> 0   |                |                         |  |                      |                     |                  |        |                  | 02/12/1992   |   |                                 |                                | }      |  |
| 2. [   | rincipal Pl    | lace of Busin           | ness   | 2a. Mailing          | 2a. Mailing Address |                  |        |                  | 4. FEI Number Applied For  |   |                                 |                                | 1      |  |
| 21   |                |                         | ·.   | 26                   | 26                  |                  |        |                  | 59-3121807   |   |                                 | ot Applicable                  | 1      |  |
|  | Suite, Apt.    | #, etc                  |  | Suite, /             | Suite, Apt. #, etc. |                  |        |                  | 5. Certificate of Status Desired   |   | \$8.75                          | Additional                     |        |  |
| 22   |                | <u></u>                 |  | 27                   | <del>  </del>       |                  |        |                  |  |   |                                 | gednireq                       |        |  |
|  | City & State   | Э                       |  |                      | City & State        |                  |        |                  | 6. Election Campaign Financing   | П   |                                 | May Be                         |        |  |
| 23   | Zip            | <del></del>             | Country  | <b>28</b>            | Zip Country         |                  |        |                  | Trust Fund Contribution L Added to Fees  |   |                                 |                                |        |  |
| 24   | -1P            |                         | 25   | 29                   |                     |                  |        |                  | 8. This corporation owes or has paid the current year Intar Personal Property Tax due June 30. |   |                                 | ntangibie<br>□ No              | 1      |  |
|  |                |                         | and Address of Curre   |                      |                     |                  |        |                  | 10. Name and Address of New Registered Agent   |   |                                 |                                | 1      |  |
| ALBINSON, JEFF   |                |                         |  |                      |                     |                  |        | Name             |  |   |                                 | - <del></del>                  | 1      |  |
|  |                | 5 E. BAY                |  |                      |                     |                  | 82     | Street Ad        | ddress (P.O. Box Number is Not Acceptable)   |   |                                 |                                | ┨      |  |
|  |                | E. #223                 |  |                      | }                   |                  |        | Olicol Ad        | dress (F.O. Box Humber is Not Acceptab   |   |                                 |                                |        |  |
|  | CLI            | EARWATER                | FL 34624   |                      |                     | - 1              | 83     |                  |  |   |                                 |                                | ]      |  |
|  |                |                         |  |                      |                     | ſ                | 84     | City             |  |   | 85 Zip                          | Code                           | ┨      |  |
|  |                |                         |  |                      |                     |                  | li     | •                |  | <u> </u>  |                                 |                                |        |  |
| 11.  | office or re   | egistered ag            | ions of Sections 607.05<br>ient, or both, in the Stat<br>th, and accept the obli | le of Florida. Such  | -change was a       | authorized       | yd b   | the corpor       | rporation submits this statement for the p<br>ation's board of directors. I hereby accep       | urpose of o<br>t the appo                               | changing<br>intment a           | its registered<br>s registered |        |  |
| SIGNATURE  |                |                         |  |                      |                     |                  |        |                  |  |   |                                 |                                |        |  |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Regi |                |                         |  |                      |                     |                  | J Ager | nt signature req | urted when reinstating)  | DATÉ  |                                 |                                | 15     |  |
| 12.  |                | D                       | OFFICERS A   | ND DIRECTORS         |                     |                  |        |                  | ADDITIONS/CHANGES TO OFFIC   |   | DIRECTO<br>Change               | RS IN 12 Addition              | 10/01  |  |
| NAME   | ļ              | •                       | ITE, ROBERT  |                      | 1.1 TI<br>1.2 N/    |                  |        | 1                |  |   | Onange                          | L. J Addition                  |        |  |
|  | ET ADORESS     |                         | TEPPINGSTONE BL  | vn                   |                     |                  |        | ADDRESS          |  |   |                                 | 8                              |        |  |
|  | -ST-ZIP        | TAMPA                   |  | ••                   | 1.4 Ci              |                  |        | - 1              |  |   |                                 |                                | R2E034 |  |
| TITLE  |                | D                       | <del></del>  | <del></del>          | DELETE              |                  |        | -                |  | I   | Change                          | Addition                       | "      |  |
| NAME   | :              | ALBINS                  | ON, JEFF   |                      |                     | 22 NAM           |        | }                |  |   |                                 |                                | 1      |  |
| STREE  | ET ADDRESS (   | 520 2NE                 | AVENUE SOUTH   |                      |                     | 2.3 STR          |        | ADDRESS          |  |   |                                 |                                |        |  |
| CITY-  | ST-ZIP         | ST. PET                 | ERSBURG FL   |                      |                     | 2. 4 CI          | ITY-S  | T-ZIP            |  |   |                                 |                                | ]      |  |
| TITLE  | 7              |                         |  |                      | DELETE              | 3.1 111          | TLE.   | {                |  | I   | Change                          | Addition                       |        |  |
| NAME   | ľ              |                         |  |                      |                     | 3.2 NA           |        |                  |  |   |                                 |                                |        |  |
|  | et address     |                         |  |                      |                     |                  |        | ADDRESS          |  |   |                                 |                                |        |  |
|  | ST-ZIP         |                         | ···  | ·                    | OCITAL              | 3.4. CI          |        | T-ZIP            |  |   | Channa                          | Addition                       | -      |  |
| TITLE<br>NAME  |                |                         |  |                      | DELETE              | 4.1 Til<br>4.2 N |        | }                |  | L   | Change                          |                                |        |  |
|  | ET ADDRESS     |                         |  |                      |                     |                  |        | ADDRESS          |  |   |                                 |                                |        |  |
|  | ST-ZIP         | }                       |  |                      | 4.4 Ci              |                  |        | ]                |  |   |                                 |                                |        |  |
| TITLE  |                |                         |  |                      | DELETE              | 5.1 1/1          |        | 1-211            |  |   | Change                          | ☐ Addition                     | 1      |  |
| NAME   | l l            |                         |  |                      | 5.2 NA              |                  |        | }                |  | _   | •                               |                                |        |  |
|  | STREET ADDRESS |                         |  |                      |                     |                  |        | ADDRESS          |  |   |                                 |                                |        |  |
|  | ST-ZIP         |                         |  |                      |                     | 5.4 Cf1          |        | ì                |  |   |                                 |                                |        |  |
| TITLE  |                |                         | <del></del>  |                      | DELETE              | 6.1 717          |        |                  |  | I   | Change                          | ☐ Addition                     | 1      |  |
| NAME   | :              |                         |  |                      |                     | 6.2 NA           | ME     | ļ                |  |   |                                 |                                |        |  |
| STREE  | ET ADDRESS     |                         |  |                      |                     | 6.3 \$1          | REET A | address          |  |   |                                 |                                | 1      |  |
|  | ST-ZIP         |                         |  | <del></del>          |                     | 6.4 CI           |        |                  |  |   |                                 |                                |        |  |
| 14.  | I hereby c     | ertify <b>th</b> at the | e information supplied   | with this filing doc | s not qualify fo    | or the exe       | mpt    | ion stated i     | n Section 119.07(3)(i), Florida Statutes. I t  | turther cert  | ity that th                     | e information                  | 1      |  |

indicated on this annual report or supplied with an improves not quality for the exemption stated in Section 119.07(3)(f). 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 under oath; that I am an officer or director of the cooperation 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 attachment with an address.