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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 16 1998 8:00am Secretary of State

	1998		DIAISION OF	CORPORATIONS		Scrittary	or or	aic
	MENT # OLDINGS, INC	V16653	(0)		and a source	2		
ארס חל	JEDINGS, IIV	٠.			ł	r inner hiller from hille user night of the second	ALI BIBIT DISTE BIB!	EL MEBUT ABOS
Principal Plac	e of Business		Mailing Address			i janii fiindi ifua diste nieut niibu fiif nin i u	MAI DIMES WINS MINI	'i Dirit ior:
2595 TAMPA	ROAD		2595 TAMPA ROAD		- 1			
H Palm Harbor Fl. 34684			H PALM HARBOR FL 34684			DO NOT WRITE IN THIS SPACE		
US			US			3. Date Incorporated or Qualified		
2 Principal C	lace of Business		2a. Mailing Address			02/24/1992 4. FEI Number		
21	iace of Bosiness		26		į.	59-3127414	<del></del>	oplied For ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22	<del> </del>		27					equired
City & State	e		City & State		ļ	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be
Zip		Country	Zip	Country		8. This corporation owes or has paid the		
24	25		29	30		Personal Property Tax due June 30.	Yes _	] No
		Address of Current F	legistered Agent	81 Nar		10. Name and Address of New Register	d Agent	
	DDOX, W.A. III	hn						
3434 EAST LAKE RD. PALM HARBOR FL 34685				82 Stre		(P.O. Box Number is Not Acceptable)		
, , , , ,		. 0 1000		83 Su	· · · <del>/ -</del> -	И		
				84 City		.( )	. 85 Zip	Code
dd D	An Main ann deilean	( O 1) CO 7 O F CO -	-4 007 4506 Flores	<u>    Pa</u>	lm.	<u>Harbor</u> F	L 34	684
office or r	egistered agent,	or both, in the State of	Florida. Such change was	authorized by the c	corporation	ation submits this statement for the purpose is board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE	m ramiliar with, at	id accept the boligation	es or, section 607,0505, F	iorida Statutes.		1-5-91	<b>⊋</b>	
	Signature, typed or prin	ted name of registered agent a		TE. Registered Agent signa	ature required v			
12.	DPTS	OFFICERS AND D	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR  Change	R\$ IN 12   Addition
NAME	MADDOX, BI	Ц	<b>—</b> = <del></del>	1.2 NAME				
STREET ADDRESS	3434 EAST I			1.3 STREET ADDRES	ss			
CITY - ST - ZIP	PALM HARB	OR FL 34685		1.4 CITY - ST - ZIP				
TITLE			☐ DELETE	2.1 TITLE			L Change	Addition
NAME				2.2 NAME				
STREET ADDRESS CITY-ST-ZIP				2.3 STREET ADDRES	SS	An		
TITLE			DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME			_ •	
STREET ADDRESS				3.3 STREET ADDRE	ss			
CITY-ST-ZIP				3.4. CITY-ST-ZIP				
TITLE			☐ DELETE	4.1 TITLE			Change	Addition
NAME				4, 2 NAME				
STREET ADDRESS				4.3 STREET ADDRES	ss			
CITY-ST-ZIP TITLE	<del></del> .		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
NAME				52 NAME			Last Orientado	
STREET ADDRESS				5.3 STREET ADDRES	ss			
CITY - ST - ZIP				5.4 CITY - ST- ZIP				
TITLE			DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME				
STREET ADDRESS				6,3 STREET ADDRES	SS			
CITY-ST-ZIP	ertify that the info	rmation supplied with	this filing does not qualify	6.4 City-ST-ZiP	tated in Ser	ction 119.07(3)(i), Florida Statutes. I further	certify that the	information
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 7-10

W. W. MARINE THE COURSE

1-5-98\_

R13-789-3144