## 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 #

(2)

**FILED** Mar 03 1998 8:00am Secretary of State

Principal Place		Mailing Address 13170 92ND ST. N.				
#303 #303 LARGO FL 34643 LARGO FL 34643					DO NOT WRITE IN TH	IIS SPACE
D.1100 12 4	<b>~~</b>	Dillog 12 91010			3. Date Incorporated or Qualified	
					03/25/1992	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-3019798	Not Applicable \$8.75 Additional	
22	., •.•	27			5. Certificate of Status Desired	Fee Required
City & State	9	City & State	^		8. Election Campaign Financing	\$5.00 May Be
23		28	1 -		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the	
24	25 Name and Address of Curre	29   nt Registered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No
GA	LLANT, DENNIS J.		1	81 Name		
13170 92ND ST. N.			<u> </u>	82 Street A	ddress (P.O. Box Number is Not Acceptable)	
#303			L			
LAF	RGO FL 34643		1	83		
				84 City		85 Zip Code
44 Pursuant t	to the provisions of Sections 607 050	12 and 607 1508 Florida Statu	ites the sh	ove-named o		
SIGNATURE	Signature, typod or proted named in registimen ag	onl and tille if applicable (NC			corporation submits this statement for the purpos pration's board of directors. I hereby accept the a squired when reinstating)	<del>244</del> 8
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PST DENING I	L DELETE	1.1 TITU	ļ.		☐ Change ☐ Addition
NAME STREET ADDRESS	GALLANT, DENNIS J 9209 SEMINOLE BLVD #150		1.2 NAM	ľ		
CITY-ST-ZIP	SEMINOLE FL 34642			EET ADDRESS Y-ST-ZIP		
TITLE	V	DELETE	2.1 TITE			Change Addition
NAME	GALLANT, RICHARD T		2.2 NAN	AE		
STREET ADDRESS	7590 91ST ST N.		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	LARGO FL			Y-ST-ZIP		
TITLE		DELETE	3.1 TITL			Change Addition
NAME CTOLLE ADDOLCE			3.2 NAA			
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP		
TITLE		☐ DELET <b>E</b>	4.1 TITL			☐ Change ☐ Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STR	EET ADDRESS		İ
CITY-ST-ZIP			4.4 CIT)	/-ST-ZIP		
TITLÉ		DELETE	5.1 TITL	.E		☐ Change ☐ Addition
NAME			5.2 NAN			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		DELETE		(-ST-ZIP		Change Addition
TITLE		☐ nereit	6.1 TITL	-		CT CHANGE CT ADDITION
NAME STREET ADDRESS			6.2 NAM	EET ADDRESS		
1						
CITY-ST-ZIP			6.4 CH1	r-ST-ZIP	( 0 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	

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 attachment with an address.