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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V29614

(7)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FRED T. STACK & ASSOCIATES, INC.

Country

9. Name and Address of Current Registered Agent

25

STACK, FRED T. 4311 WOODLARK DR

TAMPA FL 33624

Principal Place of Business	Mailing Address	
4311 WOODLARK DR	4311 WOODLARK DR	
TAMPA FL	TAMPA FL	
us	US	

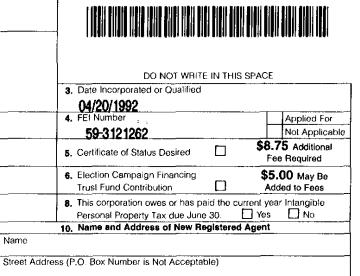
26

27

28

29

FILED Jan 21 1998 8:00am Secretary of State



1-5-90 (213) 876-2402

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typad or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstaling) 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE DPT 1.1 TITLE STACK, FRED T. NAME 1.2 NAME 4311 WOODLARK DR STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE STACK, JILL A. NAME 2.2 NAME 4311 WOODLARK DRIVE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELFTE Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 business of the 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.

Country

R1 Name

82

83 84 City

30