

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

FILED

May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V53334 (1)  
1. Corporation Name  
PINELLAS NORTHGATE, INC.



Principal Place of Business  
% MARTIN L. GARCIA  
101 E. KENNEDY BLVD., SUITE 3700  
TAMPA FL 33602

Mailing Address  
15950 BAY VISTA DR.  
#250  
CLEARWATER FL 34620  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/27/1992

4. FEI Number  
59-3135563

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 100 N. TAMPA ST  
Suite, Apt. #, etc.  
22 Suite 2675  
City & State  
23 TAMPA FL  
Zip  
24 33602 Country

2a. Mailing Address  
26 100 N. TAMPA ST  
Suite, Apt. #, etc.  
27 Suite 2675  
City & State  
28 TAMPA FL  
Zip  
29 33602 Country

9. Name and Address of Current Registered Agent  
GARCIA, MARTIN L.  
15950 BAY VISTA DR.  
SUITE 250  
CLEARWATER FL 34620

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
100 N. TAMPA ST.  
83 Suite 2675  
84 City TAMPA FL 85 Zip Code 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 duties of, Section 607.0502, Florida Statutes.

SIGNATURE *[Signature]* DATE 4/23/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GARCIA, MARTIN L	
STREET ADDRESS	1613 CULBREATH ISLES	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GARCIA, MARSHALL	
STREET ADDRESS	13518 PALMWOOD LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GARCIA, MANUEL	
STREET ADDRESS	4933 NEW PROVIDENCE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5216 NEWTUNE WAY
1.4 CITY-ST-ZIP	TAMPA, FL 33609
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1601 AMBERLY WAY
2.4 CITY-ST-ZIP	TAMPA, FL 33647
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 registrar 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.

SIGNATURE: *[Signature]* MARTIN L. GARCIA 4/23/98 813-225-4688

CFR2E034 (10/97)