

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

FILED

May 04 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 # **V53428** (1)
1. Corporation Name
LARGO TEK, INC.



Principal Place of Business Mailing Address
1309 HOVERSHAM DR 1309 HOVERSHAM DR
NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655
US US

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|-------------------|---------------------|-------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 3844 MUIRFIELD CT | 26 | 3844 MUIRFIELD CT |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | PALM HARBOR, FL | 28 | PALM HARBOR, FL |
| Zip | 34685 | Zip | 34685 |
| Country | USA | Country | USA |
| 24 | 38645 | 25 | USA |
| 29 | 34685 | 30 | USA |

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified | |
| 07/24/1992 | |
| 4. FEI Number | Applied For |
| 59-3140998 | Not Applicable |
| 6. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| O'BRIEN, CHRISTINE 1309 HOVERSHAM DR NEW PORT RICHEY FL 34655 | | 81 Name O'BRIEN, CHRISTINE | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) 3844 MUIRFIELD CT | |
| | | 83 | |
| | | 84 City PALM HARBOR FL | |
| | | 85 Zip Code 34685 | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|------------------------|
| TITLE | D O'BRIEN, CHRISTINE F | 1.1 TITLE | D O'BRIEN, CHRISTINE F |
| NAME | 1309 HOVERSHAM DR | 1.2 NAME | 3844 MUIRFIELD CT |
| STREET ADDRESS | NEW PORT RICHEY FL | 1.3 STREET ADDRESS | PALM HARBOR, FL 34685 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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.

SIGNATURE: *Christine F. O'Brien* CHRISTINE F O'BRIEN 4/27/98 (813) 772-8529

CR2E034 (10/97)