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 # V56839

(6)

FILED May 11 1998 8:00am Secretary of State

Principal Place of Busine 409 BELVEDERE OVAL TEMPLE TERRACE FL 33 US	oss	Mailing Address					
TEMPLE TERRACE FL 33		Mailing Modross			{	I EURU AHAN DIAN BH	il e ilil i el i
us	TEMPLE TERRACE FL 33617 TE				DO NOT WRITE IN 1	THIS SPACE	
		U\$			3. Date Incorporated or Qualified	THIO OF AUL	
					08/12/1992		
2. Principal Place of But	siness	2a. Mailing Address	·		4, FEI Number	A	pplied For
n		26			05-0359865	N	ot Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional equired
City & State		City & State			6, Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
¬ ^{Zip}	Country	Z _i p	Cour	itry	8. This corporation owes or has paid th		
24	25	Peoletered Acent	30		Personal Property Tax due June 30. 10. Name and Address of New Register		_] No
	e and Address of Current	negistered Agent		81 Name	10, Name and Address of New Registe	aleg Yåeur	
LUPTON, RALPH J., III							
409 BELVEDERE OVAL TEMPLE TERRACE FL 33617			[1	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
IEMPLE IEK	rwut rl 3301/		ŀ	B3			
			1	B4 City		F1 85 Zip	Code
11. Pursuant to the prov	isions of Sections 607,0502	and 607.1508, Florida Stat	utes, the ab	ove-named corp	poration submits this statement for the purpo	se of changing i	ts registered
office or registered a agent. I am familiar	agent, or both, in the State o with, and accept the obliga	of Florida. Such change wa Irons of, Section 607,0505,	s authorized Florida Statu	by the corporates.	tion's board of directors. I hereby accept the	appointment as	registered
SIGNATURE	•	,					i
Signature, typ	ed or printed name of registered agen		OTE Registered	Agent signature requi		ATÉ	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE DPS	11 D41 D11 4 19	DELETE	1.1 TITL			Change	☐ Addition
	N, RALPH J., III		1.2 NAA	···			l
	ELVERDERE OVAL		1	EET ADDRESS			ļ
TITLE T	E TERRACE FL	☐ DELETE	2.1 TITL	r-ST-ZIP		Change	Addition
	N, RALPH J., III		2.2 NAN				
	LVERDERE OVAL			EET ADDRESS		·.	ļ
	E TERRACE FL		3	Y-SY-ZIP			
TITLE	E ILIMPIOL I L	DELETE	3.1 TITL			☐ Change	Addition
NAME		- · · · · · ·	3.2 NAS				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL			Change	Addition
NAME			4. 2 NAI	ME			
STREET ADDRESS			4.3 STA	EET ADDRESS			
CITY+SI-ZIP				(-ST-ZIP			
TITLE		L] DELETE	5.1 TIT).			L Change	Addition
NAME			5.2 NAN				
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CITY-S1-ZIP		DECES		-ST-ZIP		1 200	A a atom.
TUTE		DELFTE	61 TITL			L Change	
NAME			6.2 NAN				,
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		h this filing does not qualify		-ST-ZIP			

14. Thereby certify that the information sumplied 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 suppliemental armual reports true and accordate 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 recover or trusted employers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapters from the property of the corporation or the recover or trusted employers.

SIGNATURE: (a

upor 80

4-30