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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V60961

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FILED
Jan 21 1998 8:00am
Secretary of State

Principal Place of Business	J. T. S	CHROTEL, ATTORNEY, P.A.				1 1884 Brital Com Baile (Brita Grifa Com Hai Ba	ANI BIRNI ARBIY ARBIY BIRNI ARBIY ARBIY
TAMPA FL 33815 TAMPA FL 33815 2. Moning Address 2. Moning Address 2. Moning Address 3. Date incorporated or Qualified 09/01/1992 3. Date incorporated or Qualified 09/01/1992 3. Date incorporated or Qualified 09/01/1992 3. Date incorporated or Qualified 5. Certificate of Status Coordon 5. Sertificate of Status Coordon 5. Sertificat	Principal Plac	e of Business	Mailing Address				HIE BOOM BIRNI DIRNI DIRNI DIRNI IRTI
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Specificate of Status Desired Specificate of Status Desired Operation Specificate Operation Specific	2. Principal P	Place of Business	2a. Mailing Address				Applied For
Suito, Apt. 4, etc.	21		26			59-3149453	
City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				¬ \$8.75 Additional
20						b. Certificate of Status Desired	Fee Required
Country 2 30 30						6. Election Campaign Financing	\$5.00 May Be
25 28 30 Proporty Tax a about a 20 Proporty Tax						Trust Fund Contribution	Added to Fees
SCHROTEL J. T. 8712 HCKORYWOOD LANE TAMPA FL 33815 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0507 and 607 1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered agent, or both, in the Stato of Fronta Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered agent, or both, in the Stato of Fronta Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered agent. I am Tamillar with, and eccept the original society of 500 500 500 500 500 500 500 500 500 50	—	<u>├</u>	Zip	—		8. This corporation owes or has paid t	he current year Intangible
SCHROTEL, J. T. 8712 HCKORTWOOD LANE TAMPA FL 33815 82 Sirvest Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutus, the above-manned corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was an internated by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the orbigations of, Section 607 0505, Florida Statutus, agent and the international by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the orbigations of, Section 607 0505, Florida Statutus, agent agent and the international by the corporation board of directors. I hereby accept the appointment as registered agent agents in the purpose of changing its registered agent agent in the purpose of changing its registered agent agent agent agent agents	24			30			
SCHRITTLE, J. T. 8712 HCKORYWOOD LANE TAMPA FL 33815 82 Street Address (P.O. Biox Number is Not Acceptable) 83 A City FL 85 Zip Code 11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered apport. and market with an adverted the chipschare of section 607 5056, Priorida Statutes. 86 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered apport. and market adverted apport and adverted apport apport statutes. 86 Signature 12. OF FLOERS AND DIRECTIORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 12 17. In 11 In 11 In 12 In 12 In 11 In 12 In 12 In 11 In 12 In			t Registered Agent	04 1		10. Name and Address of New Regis	tered Agent
TAMPA FL 33615 Box				BI Nam	ie		
STATE ADDRESS CITY-ST-ZP Change Addition CITY-ST-ZP Change Addition Addition CITY-ST-ZP Change CI				82 Stree	et Addre	ess (P.O. Box Number is Not Acceptable)	
SIGNATURE DPS	TAI	MPA FL 33615		-			
11. Pursuant to the provisions of Sections 607 1509 and 607 1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Speature, type of remidd have of ingretion appointment and adept mate of agent materials. 12.				83			
11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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, Socione 607 0505, Ponda Statutes. SIGNATURE				84 City			85 Zip Code
SIGNATURE]_			
SIGNATURE	11, Pursuant office or a	to the provisions of Sections 607.050; registered agent, or both, in the State.	2 and 607 1508, Florida Sta tu of Florida, Such change was	tes, the above-name	ed corpo	pration submits this statement for the purp	ose of changing its registered
Signature, byed for freetand name of registerinal gardra and late of any streams (NOTE Represented Agents alignature required when constanting) DATE	agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F.	lorida Statutes.	orporatio	on a source of directors. Thereby decept in	ic appointment as registered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE						
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption settled 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 actives.

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