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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

**FILED** May 01 1998 8:00am Secretary of State

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Principal Plac	ce of Busine:		Mailing Address						-   I IBBAN DINDAN BINKO KIDAN DINDA DINDA DINDA BIDIN BIRKI BI			
121 W JEAN			121 W JEAN ST									
l					TAMPA FL 33604 US					DO NOT WRITE IN THIS SPACE	F	
00				00						3. Date Incorporated or Qualified		
										09/08/1992		
2. Principal F	Place of Busi		2a. Mailing Address						4. FEI Number	Ar	optied For	
Suite, Apt. #, etc.				Suite, Apt. #. etc.						59-3159795	<del></del>	ot Applicable
22				27								Additional equired
City & State				City & State								May Be
23				28						· - · - · - · - · · - · · · · · · · · ·		to Fees
Ziρ	Country			- H			Country			8. This corporation owes or has paid the current y	ear Int	angible
24	o Name	25 and Address	at Current Bar		A	30	<del></del>			Personal Property Tax due June 30.		No
			OI CUITON Ne	Jister <del>e</del> u	Agent		81	Name		10. Name and Address of New Registered Agent		
	anklin, ai											
121 W. JEAN STREET TAMPA FL 33604							82 Street Add			ss (P.O. Box Number is Not Acceptable)		
ותו	MEN EL 33	004					63					
							84	Oit.				
								City		FL <sup>85</sup>		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												s registered
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 runoffice 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 regagent. I am amility with find accept the objection 607.0503, Florida Statutes.											registered	
SIGNATURE Signature typed or printed name of registered agent and liftle if applicable (NOTE R								egistered Agent signature require		4-20	9	8
12.	Signature types		CEHS AND DIF			TE. Hisgist		nt eignature	required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTOF	IS IN 12
TITLE	Р	· · · · · · · · · · · · · · · · · · ·	<del></del>		DELETE		1 TITLE		l	□ c		Addition
NAME	FRANKLIN, ANDRE 121 W JEAN ST						1.2 NAME					
STREET ADDRESS						1.3	STREET.	ADDRESS				
CITY-ST-ZIP	TAMPA	<u>FL</u>					CITY-S1	r-ZIP	ļ			
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r nereby 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 attention with an address.