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

FILED
May 01 1998 8:00am
Secretary of State

	MENT # V63273 MANAGEMENT, INC.	(9)			1811 ALAH ALAH BARK DIRIN MASI
Principal Plac	e of Business	Mailing Address			IBNI BIBNI Dib iti babki babah 1881
7843 SEMINOLE BLVD 7843 SEMINOLE BLVD					
SEMINOLE FL 34642 SEMINOLE FL 34642				DO NOT WRITE IN TH	ID DDAGE
				3. Date Incorporated or Qualified	IS SPACE
				09/11/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3152866	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		2. Ostanodio di Ottoro Dosnod	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Current		[55]	10. Name and Address of New Registers	
SE	43 SEMINOLE BLVD MINOLE FL 34842 to the provisions of Sections 607.0502 ogistered agent, or both, in the State of	and 607.1508, Florida Stat f Florida, Such change was	83 84 City	dress (P.O. Box Number is Not Acceptable) From the purpose ation's board of directors. I hereby accept the a	E of changing its registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NC	DTE Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change
TITLE	TSD MCCLEOD, ROBB	Ļ DELETE	1.1 TITLE		, Et cusules 171 vocition
NAME STREET ADDRESS	20000 GULF BLVD, STE 703		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST ZIA		33785	1.4 CITY-ST-ZIP	ZIP CODE	33785
TITLE	P	DELETE DELETE	2.1 TITLE	<u> </u>	Change Addition
NAME	Burtt, Kevin		2.2 NAME		•
STREET ADDRESS	20000 GULF BLVD, STE 703		2.3 STREET ADDRESS		
CITY-S(-ZIP)	INDIAN SHORES FL		2.4 CITY-ST-ZIP		33785
TITLE	V	☐ DELETE	3 1 TITLE		Change
NAME	MCCLEOD, RACHAEL		32 NAME		
STREET ADDRESS	20000 GULF BLVD, STE 703		3.3 STREET ADDRESS	-	22205
CITY - ST ZIP	INDIAN SHORES FL	☐ DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		☐ DECEIF	4.1 TITLE		Thomas T viction
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP_			5.4 CITY-ST-ZIP		
TITLE	1	DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS	/		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this filling 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:

R MCCLEON

APRIL 15,98 813-595-7328