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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

	MENT # 366472 Ental Business Develo		(9) INC.				YON DIALA RIBIN DIDIN DIDIN BIRIN 1884 1884	
Principal Place of Business Mailing Address						I NAMIND SITTA ELIVA AINIT AINIT AINIT AINIT BANK BANK BANK BANK AINIT AINIT AINIT AINIT AINIT AINIT		
3340 SCHERER St. Petersbui	DRIVE RG FL 33716	3340 SCHERER DRIVE ST. PETERSBURG FL 33716-1013						
						3. Date Incorporated or Qualified 07/01/1970	3a. Date of Last Report 04/15/1996	
	Place of Business	h	2a. Mailing Address			4. FEI Number 59-1314772	Applied For	
21 Suite, Apt	#, etc	26 Su	Suite, Apt. #, etc.				Not Applicable \$8.75 Additional	
22		27	27			5. Certificate of Status Desired	Fee Required	
City & Stat 23	te	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip ⊢n	Country Z ₁ p		•	Country		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No		
24	25 29 30 9. Name and Address of Current Registered Agent			[30]	Florida Statutes Yes No 10. Name and Address of New Registered Agent			
GEH	RAND,WM	on rogiotor	- Agoin	81	Name	10, 100,000 01,100		
	SCHERER DRIVE			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	PETERSBURG FL 33716				Caroanaga			
				83				
				84	City	FL 85 Zip Code		
11. Pursuant office or i agent. La SIGNATURE	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob	502 and 607. de of Florida. ligations of, Se	1508, Florida Statu Such change was action 607.0505, F	utes, the above authorized by florida Statute	e-named corp the corporal s.	poration submits this statement for the p tion's board of directors. I hereby accep		
SIGNATURE	Sequators, typical or printed name of registered				ent signature requi	ired when reinstating)	DATE	
12.	OFFICERS /	ND DIRECTO	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition	
TULE	GEHRAND,WM		["] Derese	1.1 TITLE 1.2 NAME			Ci cuttinge Ci sportion	
STREET ADDRESS	3340 SCHERER DRIVE		1.3 STREET ADDRESS		ADDRESS			
CITY+ST-7IP	ST. PETERSBURG FL			1.4 CITY - S	ST-ZIP			
10176			21 TITLE			Change Addition		
NAME	GEHRAND, GERALD			2.2 NAME				
STREET ADDRESS			2.3 STREET		,			
CITY S1-769 Title				2.4 CITY - 31 TITLE	ST-ZIP		Change Addition	
NAME				32 NAME				
STREET ADDRESS	3340 SCHERER DR.			3.3 STREET	ADDRESS			
Cify-ST-ZIP				3.4. CITY-	ST-2IP			
10116	· ·			4.1 TITLE			L Change L Addition	
NAME	TO A A STORE OF THE			4. 2 NAME				
STREET ADDRESS	OF PERSONALISA EL			4.3 STREET				
CHY-ST ZIF				4.4 CITY-5 5.1 TITLE	1-711		Change Addition	
HAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CHTV-ST 701				5.4 CiTY-5	T-ZIP	·		
TOT_E	İ		DELETE	6.1 TITLE			Change Addition	
NAME RESERVE ASSESSES				6.2 NAME	ADDOCCO			
STREET ADDRESS City-St-7P				6.3 STREET 6.4 CITY - 5				
4 4	t by certify that the information supp	lied with this f	iling does not qua	PE to the according		d in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
information Larman o appears	on inclicated on this annual report of officer or director of the Airporation in Block 12 or Block 13 if changed	or supplement or the receive or or are atta	ai annual report is or or trustee empo chment with an ac	true and acco wered to executors.	urate and tha cute this repo	of in Section 119.07(3)(i), Florida Statule, t my signature shall have the same lega rt as required by Chapter 607, Florida S	i effect as it made under oath; that tatutes; and that my name	

William A. Gehrand

Dayt me Phone #

(813) 572-7080

4/10/97

Date

FILED

Apr 21 1997 8:00am

Secretary of State