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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 383028

(8)

TYRONE PROFESSIONAL BUILDING, INC.

FILED Apr 02 1997 8:00am Secretary of State



	ce of Business	Mailing Address			1967/86 14140 40140 17717 00414 14041 4077 0	LEMEN MYMYN MYMYN MYMY	
Principal Place of Business 2105 TYRONE BLVD NORTH ST PETERSBURG FL 33710		2105 TYRONE BLVD NORTH ST PETERSBURG FL 33710-4023					
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2. Principa f	Place of Business	2a. Mailing Address			4. FEI Number	1 0 1,0 1, 12	Applied For
1		26			59-1439457		Not Applicabl
Suite, Apt	t #, etc	Suite, Apt #, etc.			Certificate of Status Desired		1.75 Additional Fee Required
City & Sta	ite	City & State			6. Election Campaign Financing	\$	5.00 May Be
3		28			Trust Fund Contribution	<u> </u>	dded to Fees
- Ζφ =η	Country .	<i>Ζ</i> φ	Coun	try	8. This corporation has liability for i		
4	25 9. Name and Address of Curre	29	30		Florida Statutes 10. Name and Address of New Re	Yes No	
		on nogistered Agent		11 Name	10. Name and Address of North	Biscolan Marin	
	O,JOSEPH A		Ĺ				
	5 TYRONE BLVD		ļŧ	Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
511	PETERSBURG FL 33710		.	33			· ·
		•	6	City		FL 85	Zip Code
11 Dure cont	the tax arrangement of Sections 607 0	502 and 607 1508 Florida Stati	ites the abo	we named co	roordion submits this statement for the p		ning its registere
office or agent 1	registered agent, or both, in the Sta ani familiar with, and accept the obli	te of Florida, Such change was	authorized Iorida Statu	by the corporates.	rporation submits this statement for the p ation's board of directors. I hereby accep	ot the appointm	ent as registered
SIGNATURE		J 144			J	/	
JICI MATONI.	Segment type diociprinted name of registerious	OM and the department of the beautiful of					
		age or actor one is approximate that	TE: Registered	Agent signature requ	uired when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	TE: Registered a	Agent signature requ	uirad when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE	
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To nevery certify that the information supplied with this hilling does not quality for the exemption stated in section 1.19.07(3)(i), Florida Statutes, i further certify that the information indicated on this annual report is supplied 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 this paid, or on an attenument with an address.

SIGNATURE:

REAND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #