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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

YOU IMENT #

141

1. Corporation	or realise		4309 TANTS, IN			(1)					į						
Principal Plac	e of Busines	Mailing Address					_		EIR FRIND IMID	leaf ordel old							
'						5208 ST PAUL STREET											
PO BOX 2545					PO BOX 2545												
BRANDON FL	33509-2545				DRAM	OON FL 33509-25	40				3	. Date Incorporated	or Qualifie	d 3a. I	Date of La	st Re	port
											"	10/29/1973	r or Gradina		/25/198		pon.
2. Principal f	hace of Busi	2	2a. Mailing Address					4	. FEI Number			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		lied For			
21		2	26							59-1538677	st <del>re</del> re,	4- (A)			Applicable		
Suite, Apl	#, etc.		Suite, Apt #, etc.						5	. Certificate of Statu	ıs Desired	X			dditional		
22				2	27 Ct. R State						·					quired	
City & Stal	ie	21	City & State				· ·			<ul> <li>Election Campaign</li> <li>Trust Fund Contrib</li> </ul>	_				May Be Fees		
Zip	Country				Zip C			<b></b> -	Country			8. This corporation has liability for intangible tax under s. 199.032,					
24	25 9. Name and Address of Current F					29 30						Florida Statutes Yes No 10, Name and Address of New Registered Agent					
			LOGITHUS OF C	urrent ne	Hereie	a Agent		8	ıl k	lame	10	). Name and Addre	at DI Mam.	Registered	Agent		
	BBS, GEOF		ED DOAD														
	VER FL 33!						S	Street Address (P.O. Box Number is Not Acceptable)									
	7LI1   L 001	/E-1 1011  }						95	1				45.1	· · · · · · · · · · · · · · · · · · ·			· - · - · · · · · · · · · · · · · · · ·
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SIGNATURE	Signature typed	or parit	d name of registe				NOTE R		ent s	gnature requ		en reinstating)	····	DATE			
12.	7		OFFICER	S AND DIF	RECTO			13.				ADDITIONS/CHANG	SES TO OF	FICERS AN			
THILE	PD	050	^~			☐ DELETE		1.1 TITLE							☐ Char	rge	Addition
NAME	HOBBS, 2315 SY							1.2 NAME									
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CITY-ST-ZIP TITLE	DS	-				DELETE		2.1 TITLE							Char	noe	Addition
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STREET ADDRESS								6.3 STREE	ET ADE	ORESS							
Cativi-Sti-ZiP								64 CITY-	ST-7	IP .							

14. I do hereby 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.

813-62148111

**FILED** 

May 30 1997 8:00am

Secretary of State