## 3-2441 B3493. C-

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

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 24 1997 8:00am

Secretary of State

813)949-4248

3-17-97

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 515796

(1)

Principal Place 16011 N.NEBRA LUTZ FL 33549		Mailing Address 16011 N.NEBRASKA AVE. LUTZ FL 33549-6158			
				3. Date Incorporated or Qualified 10/01/1976	3a. Date of Last Report 04/24/1996
2. Principa' El: 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-1714082	Applied For Not Applicable
Suite, Apt ≢ 22]	4, etc	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	***************************************	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p)	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	· · · · · · · · · · · · · · · · · · ·
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
HAN	COCK, MICHAEL F Ne	waddress -	81 Name		
	E KENNEDY BLVD. Ba	E. Kenney Divd.	82 Street Ad	ddress (P.O. Box Number is Not Acceptab	ole)
	1850	E. Kenned Dud	5503		
TAM	PA FL 33602	3602	83		
	(W	mpa, anc. 1000c	84 City		85 Zip Code
<b>73</b> 772				orporation submits this statement for the p	<b>FL</b>
SIGNATURE _	raminar with, and accept the being	ations of, Section 607.0505, Flor	Registored Agent signature re	oration's board of directors. I hereby acception of the period of directors of the period of directors of the period of the peri	DATE CERS AND DIRECTORS IN 12
NAME STREET ADDRESS ONLY SE-ZIP	HANCOCK, GENE R. 16011 N NEBRASKA AVE. LUTZ FL	C) DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP		Change
TITLE NAME STREET ADDRESS. CITY - ST - ZP	STD HANCOCK, FRANCES A. 18011 N NEBRASKA AVE. LUTZ FL	□ DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP		Change Addition
TITLE		DETETE	31 THILE		Change Addition
NAME			32 NAME		
STREET ADDRESS.			33 STREET ADDRESS		
OTY-SI-ZIP			3.4. DITY+ST-ZIP		
1161 F		☐ DELETE	4 1 TOTLE		Change Addition
NAME			4 2 NAME		
STREAT ADDRESS			4 3 STREET ADDRESS		
CIDY - \$1 - 70			4 4 CHY-ST-ZIP		
HUE		[] DELETE	51 TITLE		Change Addition
MAME			5.2 NAME		
Sheet Adoness			5.3 STREET ADDRESS		
CHY-51-7IF		DELETE	5.4 CITY - ST - ZIP		Chara Laure
TITE!		L_1 DECER	6.1 TITLE		Change Addition
NAME STREET ABORESS			6.2 NAME		
Olt - ST- ZIP			6.3 STREET ADDRESS		
14. Lao hereb	centy that the information supplie	d with this filing does not qualify	for the exemption stat	ted in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
information Larman off	- hdidafed on this annual report or s	supplemental annual report is tru rithe receiver or trustee empowe	e and accurate and threed to execute this rep	nat my signature shall have the same lega port as required by Chapter 607, Florida S	l effect as if made under eath: the