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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DANIEL Principal Place 5729 MAIN STR	REET	Mailing Address 5728 MAIN ST	100cg 1740		
NEW PORT RICHEY FL 34652 US		NEW PORT RICHEY FL 34652-2712 US			
			i	3. Date Incorporated or Qualified 02/23/1977	3a. Date of Last Report 02/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1734255	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State			Fee Required \$5,00 May Be
23		28		Trust Fund Contribution	
Ζίρ 24]	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☐ No
241	9. Name and Address of Curr		[30]	10. Name and Address of New R	
	K, DANIEL P.		81 Name		
7030 PARK DRIVE NEW PORT RICHEY FL 34652			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
			83		
					Inc. 7:- Code
					FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	302 and 607.1508, Florida Statte of Florida Such change was	utes, the above-named consults authorized by the corporate	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
	m lamiliar with, and accept the ob-	igations of, Section 607.0505, I	Florida Statutes		With the major and the second
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable (Ni	DTE: Registered Agent signature req	ured when reinstating)	DATE
12.	······································	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PD DANIEL D	DEL ETE	1.1 TOLE		Change Addition
NAME STREET ADDRESS	ROCK, DANIEL P. 7030 PARK DRIVE		1.2 NAME 1.3 STREET ADDRESS		
CITY+\$T-ZIP	NEW PORT RICHEY FL		11.4 CITY-ST-ZIP		
TITLE	170011 1 0111 1 1 1 1 1 1 1 1	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CHY - ST - ZIP		Change Addition
TITLE NAME		□ berear	3.1 TITLE 3.2 NAME		L_I Change L_I Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-S1-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change
NAME OTDEST ASSESSED			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 City-St-ZiP 6.1 Title		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	e .		6.4 CHY-ST-ZIP		
14. I do heret informatio I am an of appears it	by cortify that the information supply in indicated on this annual report of flicer or director of the corporation in Block 12 or Block 13 if changed	iod with this filing does not que r supplemental annual report is or the receiver or trustee empo	alify for the exemption state true and accurate and the swered to execute this rep- ddress	ed in Section 119.07(3)(i), Fiorida Statut at my signature shall haife the same leg ort as required by Charter 607, Florida	es. I further certify that the al effect as if made under oath; that Statutes; and that my name

SIGNATURE: A June 1

look

197 (813)8485440

FILED

May 20 1997 8:00am

Secretary of State