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



## Sandra B. Mortham

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PROFIT CORPORATION ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS		Apr 24 1997 8:00am Secretary of State		
	OD LANE	Mailir <b>2274</b>	(8)  19 Address  TONIWOOD LANE HARBOR FL 34685-	2225			
Odenlari D	lace of Business	100	- Vista Asia		3. Date Incorporated or Qualified 04/26/1977	3a. Date of La 04/11/199	6
zi Principa: P	Iace of Business	28. M	ailing Address		4. FEI Number 59-1739707	ļ	Applied For Not Applicable
Sulte, Apt.	#, etc.	St	uite, Apt. #, etc.		Certificate of Status Desired		5 Additional Required
City & State	e	27 C	ity & State		6. Election Campaign Financing		00 May Be
Zip	Country	<b>28</b>	D	Country	Trust Fund Contribution	☐ Add	ied to Fees
24]	25	29		30		☐ Yes ☐ No	er s. 199.032,
000	9. Name and Address STELLO, JOSEPH A.	of Current Register	ed Agent	81 Name	10. Name and Address of New Re	egistered Agent	
11. Pursuant office or ragent. I a	egistered agent, or both, in m familiar with, and accep	n the State of Florida. It the obligations of, S	Such change was ection 607.0505, Fi	es, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the ation's board of directors. I hereby acce	FL ourpose of changing the appointmen	ng its registered t as registered
12.	Signature, typed or printed name of	registered agent and little if ap ICERS AND DIRECTO		E Flegislered Agent signature requirements	uired when reinstaling)  ADDITIONS/CHANGES TO OFFICE	DATE	TORS IN 12
TITLE	PD	ICENS AND DIRECTO	DELETE	1.1 70 LE	ADDITIONS/CHANGES TO OFFIC	Char	
NAME STREET ADDRESS CITY-ST-ZIP	COSTELLO, JOSEPH 3801 SOUTH MANHA TAMPA FL	ITAN AVE		1.2 NAME 1.3 STREET ADDRESS 1.4 C/TY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-2IP	VD KYLE, JAY 3801 SOUTH MANHA TAMPA FL	TTAN AVE	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-7IP	٠.	Char	ge Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP	,		DETETE	3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		Char	ge 🔲 Addition
TITLE NAME STREET ADDRESS			DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Char	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	4.4 CHY - S1 - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Char	ge 🔲 Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	- 1 2 <b>5</b> 2		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Char	ge 🔲 Addition
CfTY-ST-Z#P	ne sould a that the Information	no pupel od with this	er	6.4 C/TY~ST~Z/P	ed in Section 119 07(3)(i). Florida Statute		

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 eath; 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.