FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

729217

(0)

CHILDREN'S CANCER CENTER, INC.

FILED
Jan 22 1997 8:00am
Secretary of State

·						
Principal Plac	e of Business	Mailing Address		* 10=111 (48)4 (1810 (41)2 (180) (51)		A(1 B(#1 1 1 4 B)
1 DAVIS BLVD		1 DAVIS BLVD				
Suite 604 Tampa FL 336	oe	Suite 604 Tampa Fl 33606-3480				
US	00	US US		3. Date Incorporated or Qualified 04/01/1974	3a. Date of Last R 01/29/198	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26		59-1779035	No	t Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 / Fee Re	
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	8. This corporation has liability for		199.032,
24	25		30	Florida Statutes	Yes No	
	9. Name and Address of Current	Registered Agent	00 11	10. Name and Address of New F	Registered Agent	
			81 Name			
MILLER,	KATHY		82 Street	Address (P.O. Box Number is Not Accept	able) /	
12901 E	B ruce B. Downs BlvD., Box 37	2.	LODE	DAUIS BIVD, SUIT	E 604	
TAMPA	FL 33612		83			
			84 City		85 Zip (Code
			PA City		FL PLAN	606
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statu	ites, the above-named	d corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing it	s registered
office or	registered agent, or both, in the State of	of Florida. Such change was	authorized by the cor lorida Statutes	poration's board of directors. I hereby acc	cept the appointment as	registered
			ionica ciatates.			
·	am familiar with, and accept the obligation	none on Grenan o microsof.				
SIGNATURE	Signature, typed or printed name of registered agen		TE Registered Agent signatur	e required when reinstating)	DATE	-,,,-
SIGNATURE		it and title if applicable (NC	TE Registered Agent signatur	e required when reinstating) ADDITIONS/CHANGES TO OFF		IS IN 12
·	Signature, typed or printed name of registered agen	it and title if applicable (NC				
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AND	it and trife if applicable (NC	13.		ICERS AND DIRECTOR	
SIGNATURE 12. TIILE	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY	it and trife if applicable (NC	13. 1.1 TITLE		ICERS AND DIRECTOR	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604	it and trife if applicable (NC	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ICERS AND DIRECTOR	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY	it and trife if applicable (NC	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTOF Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S	it and life if applicable (NC DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTOF Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY	it and life if applicable (NC DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTOF Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE	it and life if applicable (NC DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- 24P 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFF 5 Claudia Mahoney 14025 Clubhouse Cir	FICERS AND DIRECTOF Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE TAMPA FL	it and life if applicable (NC DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFF 5 Claudia Mahoney 14025 Clubhouse Cir Tampa, FL 33624	FICERS AND DIRECTOF Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE TAMPA FL CB	t and title if applicable (NC) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF 5 Claudia Mahoney 14025 Clubhouse Cir Tampa, FL 33624 CB	Change Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE TAMPA FL CB SMITH, LARRY	DELETE (NC)	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ADDITIONS/CHANGES TO OFF Solvey 14025 Clubhouse Cir Tampa, FL 33624 CB Susan Casper 905 S, Dakota Ave.	Change Change Change	S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE TAMPA FL CB SMITH, LARRY 101 E. KENNEDY BLVD. STE.	DELETE (NC)	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-2IP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFF Solvey 14025 Clubhouse Cir Tampa, FL 33624 CB Susan Casper 905 S, Dakota Ave.	Change Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE TAMPA FL CB SMITH, LARRY	DELETE (NC)	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF Signal Albahoney 14025 Clubhouse Cir. Tampa, FL 33624 CB Susan Casper 905 S. Dakota Ave. Tampa, FL 33606	Change Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE TAMPA FL CB SMITH, LARRY 101 E. KENNEDY BLVD. STE, TAMPA FL T	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO OFF S Claudia Mahoney 14025 Clubhouse Cir Tampa, FL 33624 CB Susan Casper 905 S, Dakota Ave. Tampa, FL 33606 T	Change Change Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, COBY 2612 HAWTHORNE CIRCLE TAMPA FL CB SMITH, LARRY 101 E. KENNEDY BLVD. STE. TAMPA FL T CAMPBELL, ORAIG	DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFF S Claudia Mahoney 14025 Clubhouse Cir Tampa, FL 33624 CB SUSAN CASPEN 905 S, Dakota Ave. Tampa, FL 33606 T HUGH SMITH	Change Change Change Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE TAMPA FL CB SMITH, LARRY 101 E. KENNEDY BLVD. STE. TAMPA FL T CAMPBELL, ORAIG 201 N FRANKLIN ST., SUITE 2	DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFF S Claudia Mahoney 14025 Clubhouse Cir Tampa, FL 33624 CB SUSAN CASPEN 905 S, DAKOTA AVE. Tampa, FL 33606 T HUGH SMITH 6944 U.S. HWY 41.	Change Change Change Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE TAMPA FL CB SMITH, LARRY 101 E. KENNEDY BLVD. STE. TAMPA FL T CAMPBELL, ORAIG 201 N FRANKLIN ST., SUITE 2 TAMPA FL	DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF SIEGLA MAHONEY 14025 Clubhouse Cir Tampa, FL 33624 CB SUSAN CASPER 905 S, DAKOTA AVE. Tampa, FL 33606 T HUGH SMITH 6944 U.S. HWY 41, APOLLO BEACH, FL 3	Change Change Change Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE TAMPA FL CB SMITH, LARRY 101 E. KENNEDY BLVD. STE. TAMPA FL T CAMPBELL, CRAIG 201 N FRANKLIN ST., SUITE 2 TAMPA FL VG	DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ADDITIONS/CHANGES TO OFF SUSAN CASPER 905 S, Dakota Ave. Tampa, FL 33624 CB SUSAN CASPER 905 S, Dakota Ave. Tampa, FL 33606 T HUGH SMITH 6944 U.S. HWY 41, APOLLO BEACH, FL 3	Change Change Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE TAMPA FL CB SMITH, LARRY 101 E. KENNEDY BLVD. STE- TAMPA FL Y CAMPBELL, ORAIG 201 N FRANKLIN ST., SUITE 2 TAMPA FL VG CASPER, SUSAN	DELETE 3700 DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ADDITIONS/CHANGES TO OFF SIGNATURE CIRCLES CONTROL CIRCLES CONTROL CIRCLES CONTROL CIRCLES CONTROL CO	Change Change Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE TAMPA FL CB SMITH, LARRY 101 E. KENNEDY BLVD. STE. TAMPA FL T CAMPBELL, ORAIG 201 N FRANKLIN ST., SUITE 2 TAMPA FL VG CASPER, SUSAN 400 N ASHLEY DR, SUITE 286	DELETE 3700 DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFF SIGNATURE CIRCLES CONTROL CIRCLES CONTROL CIRCLES CONTROL CIRCLES CONTROL CO	Change Change Change Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE TAMPA FL CB SMITH, LARRY 101 E. KENNEDY BLVD. STE- TAMPA FL T CAMPBELL, ORAIG 201 N FRANKLIN ST., SUITE 2 TAMPA FL VG CASPER, SUSAN 400 N ASHLEY DR, SUITE 200 TAMPA FL	DELETE 3700 DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF SIGNATURE CIRCLES CONTROL CIRCLES CONTROL CIRCLES CONTROL CIRCLES CONTROL CO	Change Change Change Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE TAMPA FL CB SMITH, LARRY 101 E. KENNEDY BLVD. STE. TAMPA FL T CAMPBELL, ORAIG 201 N FRANKLIN ST., SUITE 2 TAMPA FL VG CASPER, SUSAN 400 N ASHLEY DR, SUITE 280 TAMPA FL VD	DELETE 3700 DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ADDITIONS/CHANGES TO OFF SIGNATURE CIRCLES CONTROL CIRCLES CONTROL CIRCLES CONTROL CIRCLES CONTROL CO	Change Change Change Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE TAMPA FL CB SMITH, LARRY 101 E. KENNEDY BLVD. STE- TAMPA FL T CAMPBELL, ORAIG 201 N FRANKLIN ST., SUITE 2 TAMPA FL VC CASPER, SUSAN 400 N ASHLEY DR, SUITE 290 TAMPA FL VD JUDISCH, JANIFER	DELETE 3700 DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ADDITIONS/CHANGES TO OFF SIGNATURE CIRCLES CONTROL CIRCLES CONTROL CIRCLES CONTROL CIRCLES CONTROL CO	Change Change Change Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AND ED MILLER, KATHY 1 DAVIS BLVD., SUITE 604 TAMPA FL S DAVID, CODY 2612 HAWTHORNE CIRCLE TAMPA FL CB SMITH, LARRY 101 E. KENNEDY BLVD. STE. TAMPA FL T CAMPBELL, ORAIG 201 N FRANKLIN ST., SUITE 2 TAMPA FL VG CASPER, SUSAN 400 N ASHLEY DR, SUITE 280 TAMPA FL VD	DELETE 3700 DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ADDITIONS/CHANGES TO OFF SIGNATURE CIRCLES CONTROL CIRCLES CONTROL CIRCLES CONTROL CIRCLES CONTROL CO	Change Change Change Change Change Change	Addition Addition Addition

I have the same income an emornation supplied with this iming 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

eller Miller Kathy Miller

8/3-276-5734 Daytime Phone # 0047305