.FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT

, Sandra B. Morim

Secretary of St DIVISION OF CORPOTIONS

DOCUMENT #

(9)

DITIMPEDE 9 DIDECITTEDO

		Mailing Address Mailing Address 3601 N. MCINTOSH RD. DOVER FL 33527-4830	· 		
			:	3. Date Incorporated or Qualifie 11/09/1982	3a. Date of Last Report 02/06/1996
21	Place of Business	2a. Mailing Address 26	VIII)	4. FEI Number 59-2313701	Applied For Not Applicable
Suite, Api	<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State	<u> </u>	Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Cotry 30	This corporation has liability f Florida Statutes	or intangible tax under s. 199.032,
	9. Name and Address of Cur	rrent Registered Agent	11	10. Name and Address of New	
3410 E	WAYNE B LAMPP ROAD CITY FL 33565	· .	81 Name 82 Street 83 84 City	ron boot ight Address (P.O. Box Number i Not Accep 8 W 127th ave	
11. Pursuant office or agent. I		Business Hanoger /		ampa corporation submits this statement for the corporation's board of directors. I hereby acc	- 22/2/2
12.		AND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE	PB	DELETE	1.1 1. E	PD(T)	Change Addition
NAME	RIO, JORN-L		1.2 ME	Dodd Robert	
STREET ADDRESS	3410 E LAMPP ROAD	_	1.3 REET ADDRESS	4405-B Barden Lane	
CITY-ST-ZIP	PLANT CITY FL		1.4 Y-ST-ZIP	Tompa, FL 33618	
TITLE	1	☐ DELETE	21 LE	VP (T)	✓ Change
NAME STREET ADDRESS CITY-ST-ZIP	DODD, ROBERT F. 4405-B GARDEN LANE TAMPA, F L.		2.2 ME 2.3 REET ADDRESS	1510 Shore acres Dr.	
TITLE	YD	DELETE	2.4 Y-51-ZIP 3.1 E	Lakeland, FC 33861	Change Addition
NAME	MCCULLOUGH, GARY			bower, Roger	E Aviantio C Modulon
STREET ADDRESS	1510 SHORE ACRES OR		3.3 EET ADDRESS	2911 E. 97 1 Ave	
CITY-ST-ZIP	LAKELAND FL	~	3.4 Y-ST-ZIP	Tampa, FL 33612	
TITLE	SQ	DELETE	4.1 E	337,000,10	Change Addition
NAME	BOWERS, ROGER		4. 2 ME		
STREET ADDRESS	2911 E. 97TH AVENUE		4.3 ET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 - ST - ZIP	<u>L_</u>	
TITLE	D	☐ DELETE	5.1 E		☐ Change ☐ Addition
NAME	CROXTON, RILEY		5.2 IE		
STREET ADDRESS	7101 COARSEY DR		5.3 EET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 Y-ST-ZIP		
TITLE		DELETE	6.1 E		Change Addition
NAME			6.2 AE		
STREET ADDRESS			6.3 SEET ADDRESS		
CITY-ST-ZIP	_		5T 70		

6.4(f^{-51-2P}

1 do hereby certify that the information supplied with this filing does not qualify for the emption 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 currate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the doctors of the doctors, or trustee empowered to recute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or man attachment with an address.

FILED

Jul 08 1997 8:00am

Secretary of State