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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G11707

(8)

WILLIAM R. LISCH, P.A.

		-						
Principal Place	of Business	Mailing Address			N			
WILLIAM R. L 19 13TH ST. W	EST	% WILLIAM R. LISCH 519 13TH ST. WEST BRADENTON FL 34205	i-7418					
radenton FL 34205		OMOLINOIT I C CASC			 Date Incorporated or Qualified 12/01/1982 		te of Last F 25/1996	nogef
. Principal Place of Business		2a. Mailing Address			4. FEI Number		A	polled For
		26 Suite, Apt. #, etc. 27			59-2238639			ct Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	, _□		May Be to Fees
Zip	Country	Zip	Cou	intry	8. This corporation has liability	for intangible	tax under s	. 199.032,
ij	25	29	30		Florida Statutes	Yes [
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered .	Agent	
	h, william R.			81 Name				
	13TH STREET WEST			82 Street Add	iress (P.O. Box Number is Not Acce	olable)		
Brac	DENTON FL 34205			83				·
				63				
				84 City		FL	85 Zip	Code
					recration submits this statement for the		changing	te registered
	O the provisions of Sections out of	to of Florida Such change	une eulhoriză	0010 1101100 04	ation's board of directors. I hereby a	cept the app	cintment as	s registered
office or re agent. I ar	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	gations of Section 607.050	5. Florida Sta	id by the corpora tutes.	•			
SIGNATURE							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE	Signature, typed or printed name of registered a	gant and the if applicable.	(NOTE: Registere	od by the corpora tutes. Id Agent signature requ	ured when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	igent and total if applicable. ND DIRECTORS	(NOTE: Registere	id Agent signature requ		DATE		
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	gant and the if applicable.	(NOTE: Registers 13.	nd Agent signature requ	ured when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed of printed name of registered a OFFICERS A PTD LISCH, WILLIAM R	igent and total if applicable. ND DIRECTORS	(NOTE: Registere 13, 1,1 T 1,2 N	id Ageni signeture requ ITLE IAME	ured when reinstating)	DATE	DIRECTO	RS IN 12
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William R. Lisch

01/02/97

(941) 747-6658