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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G29588

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Apr 09 1997 8:00am	1
Secretary of State	

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JIM WHITE & ASSOCIATES, INC. Principal Place of Business Mailing Address 10645 GULF BLVD 10651 GULF BLVD. 10651 GULF BLVD. 10651 GULF BLVD. 10651 GULF BLVD. 178EASURE ISLAND FL 33706 US 2. Principal Place of Business 24. Mailing Address					3. Date Incorporated or Qualified 03/01/1983 4. FEI Number	3a. Date of Last Report 04/05/1996	
21	The second state of the se	Suite, Apt. #, etc.			59-2273328	Not Appli	
Suite, Apt	# E(C.,	27			6. Certificate of Status Desired	\$8.75 Addition Fee Required	
City & Stat	10	City & State			6. Election Campaign Financing	\$5.00 May B	
23]	Country	28 Zip	Coun	tru	Trust Fund Contribution	Added to Fees	
24	25	29	30	y	This corporation has liability for Florida Statutes	Intangible tax tinders, 199.0. ☑ Yes □ No	132,
	9. Name and Address of Currer	nt Registered Agent		11 Name	10. Name and Address of New Re	gistered Agent	
1060 TRE	ITE, JAMES R., SR. 51 GULF BOULEVARD ASURE ISLAND FL 33708 to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change wa	atutes, the abas authorized	Gity Ove-named corporal by the corporal	ress (P.O. Box Number is Not Acceptal construction submits this statement for the gion's board of directors. I hereby acce	FL 85 Zip Code	stered ered
SIGNATURE	Sty Lifus, Typed or proced can old registered agr	ent and title if applicable. {	NOTE Registered	Agent signature requir	red when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	WHITE, JAMES	DELETE	1.1 1111	. 1		☐ Change ☐ A	Addition
NAME STREET ADDRESS	11050 5TH ST E		1.2 NAM	EET ADDRESS			
CHTY - ST - ZIP	TREASURE ISLAND, FL00000		1	-ST-ZIP			
Titt	VP	DELETE	21 آاآر			☐ Change ☐ A	Addition
NAME	WHITE, JAMES R.JR.		2.2 NAM	fE			
STREET ADDRESS	8727 LEONA STREET SEMINOLE FL			EET ADDRESS			
CITY-ST-ZIP TITLE	JEMINULE PL	DELETE	2. 4 C/T	Y-ST-ZIP		Change A	Addition
N4ME		book 2 0 0 0	3.2 NAM	i			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CHY-S1-ZIP				Y-ST-ZIP	·····		
DILE		L DELETE	4.1 100	Į		Change A	Addition
NAME Place appoint			4. 2 NA	EET ADDRESS			
STREET ADDRESS CHTV+ST+ZIP				(-ST-ZIP			
Mile		DELETE	5.1 TITE		······································	Change A	Addition
NAME			5.2 NA	1E -			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-712				r-St-ZIP			A 1.172
Tille		☐ DELETE	6.1 1170)		∐ Change ∐ A	Addition
NAME 07001 LIGIDIGE			6.2 NAM				
STREET ADDRESS				EET ADDRESS			
14. I do here	Leby certify that the information supplie	ed with this filling does not a	ualify for the e	(+\$T-ZIP] exemption state	d in Section 119.07(3)(i), Florida Statuti	as. I further certify that the	
informat.	on adjusted on this annual report or	supplemental annual report	is true and ad	curate and that	t my signature shall have the same leg rt as required by Chapter 607, Florida	al effect es if made under oat	ith; that