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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

N93000001557 (8)

FILED May 12 1997 8:00am Secretary of State

Principal Plac	NO & FORD MOTORSPOR OF OF Business SPRINGS DRIVE	Mailing Address P O BOX 274062			
tampa fl 3362	24	TAMPA FL 33688-4062 US		3. Date Incorporated or Qualified 04/06/1993	d 3a. Date of Last Report 04/25/1996
2. Principal P	Place of Business	2a. Mailing Address	····	4. FEI Number	Applied For
1 282	O Max Smith Ro			59-3178684	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	. 6100346	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{Zio} 335	49 Country	Zip 29	Country 30	This corporation has liability to Florida Statutes	or intangible tex under s. 199.032,
	9. Name and Address of Curre	nt Registered Agent	61 Name	10. Name and Address of New I	Registered Ägent
	DLUNG SPRINGS DRIVE — FL 33824		82 Supplied 83 84 City	Address (9.9. Box Number is Not Accept	50'acl
 Pursuant office or ragent. I a 	to the provisions of Sections 617.05 registered agent or both, in the Stat am familiar wift and accept the obli	io2 and 617.1508, Florida Stati te of Florida Such change was aktions of Section 617.0503.	utes, the above-named authorized by the corp	corporation submits this statement for the poration's board of directors. I hereby acc	e purpose of changing its registered
SIGNATURE:	Signature, typed or printed name of registering as	. Ama	OTE: Registered Agent signature	pra J. Ames required when reinstating):	4/28/97 DATE FICERS AND DIRECTORS IN 12
SIGNATURE:	Signature, typed or printed name of registers at OFFICERS At	geni and title if applicable (NC	OTE: Registered Agent signature	pra J. Ames required when reinstating):	1/4/8/9/
SIGNATURE: 12. TITLE NAME	Signature, typed or printed name of registers at OFFICERS AT PD KANE, WILLIAM	gent and title if applicable (NX	DTE: Registered Agent signature 13. 1.1 TITLE 1.2 NAME	pra J. Ames required when reinstating):	DATE FICERS AND DIRECTORS IN 12
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4. I do hereby certify that the information supplied with this filing 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.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF BRONING OFFICER OR DIRECTOR

4/28/97 Date

(813)948-63; Daytimé Phone * 0049485