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NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra 🛼 Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000002392 (6)

FILED May 12 1997 8:00am Secretary of State

Principal Place 4040 CENTRAL I ST. PETERSBUR	AVE.	Mailing Address 4040 CENTRAL AVE. ST. PETERSBURG FL 337	11-1239			orporated or Qualifie		ate of Last	Benott
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	ace of Business	2a. Mailing Address			4. FEI Numl		'/		pplied For
21 Suite, Apt. #	# elc	Suite, Apt #, etc.			3 7-	3385989			ot Applicable Additional
	Central Ave.	27 4024 Cen	tral A	ve.	5. Certificat	e of Status Desired			Additional lequired
City & State		City & State		<u></u>	6. Election	Campaign Financing		\$5.00	May Be
23		28				d Contribution			to Fees
Zip	Country	Zip	Cour	ntry		oration has liability f	or intangible	tax under	s. 199.032,
24	25] 9. Name and Address of Curret	29 nt Registered Agent	30		Florida S	tatutes ad Address of New		No Agent	···
	<u> </u>			81 Name	T. Sloan Yo				
RIKNHAR	RDT, NORMA						table)	·	
	NTRAL AVE.		1	311901	Address (P.O. Box N 4024 Centra	1 Avenue	nacie)		
	RSBURG FL 33711		[83					
•	•		ł	84 City				85 Zip	Code
-14-5		00 1017 1500 Ft 11 00			St. Petersb	urg	FL		^{Code} 1
11, Pursuant t	to the provisions of Sections 617.060	UZ and 617.1508, Florida Stati	utes, the ac	ove-named	corporation aubmits	this statement for th	e purpose c cent the an	r changing	its registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was	: Bu thorized	i by the corp	poration's board of o	HOCIOIS, I HORODY BC	ODD! III U UD		2 LONING DO
office or re agent. I an	to the provisions of Sections 617.050 egistered agent, or both, in the State of familiar with, and accept the oblig		lorida Stati	i by the corp ites.	poration's board of d	inectors, i mereby ac	رون داران اکسالیا		s registored
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SIGNATURE	Signature, typed or printy if na y or registered ag		ha Phi	O CY	e required when reinstalling)	IC. GAC	DATE		
SIGNATURE _	Signature, typed or printy if na y or registered ag	ent and little if applicable. (NC) E expistered	Agent signature	e required when reinstalling)	TI COPP	DATE		
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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, of on an attachment with an address.

SIGNATURE:

3/25/97

813-327-7656, ext. 241

Daytime Phone # 0050788