## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P93000014243 (8)

THE THOMPSON LAW GROUP, P.A.

Pri	ncipal Piace of Business
600	) 1ST AVE. NORTH
ST	PETERSBURG FL 33701

Mailing Address

600 1ST AVE. NORTH ST PETERSBURG FL 33701-36

## FILED Jan 28 1997 8:00am Secretary of State



ST. PETERSBU	RG FL 33701	ST. PETERSBURG FL 33701-3809								
								te of Last Report		
· ·	ace of Business	2a. Mailing Address			4. FEI Number Applied					
21		26			59-3161924	Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State		City & State				6. Election Campaign Financing			<b>.00</b> м	
23	Country	28	Cour	****		Trust Fund Contribution	<u> </u>		ded to	
Ζιρ <b>24</b>	Country Zip Country					8. This corporation has liability for it Florida Statutes	ntangible ] Yes = [		der s. 1	99.032.
24	25 9. Name and Address of Currer	29	30			10. Name and Address of New Reg				
വേ	DDIS, JEFFREY M		-	31	Name					
	FIRST AVE. NORTH		١,		01	GO D. N. Sharks is Man Assessable				
	PETERSBURG FL 33701		•	32	Street Add	Iress (P.O. Box Number is Not Acceptab	10)			
•			1	33						
			-	34	City		<del></del>	85	Zip Co	do
				7	City		FL	83	zip Co	ue
office or r agent I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was alions of, Section 607.0505, Fl	authorized lorida Statu	by tes	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the app	ointmer	nt as re	gistered
10	Signature, typest or printed name of register diagrams		TE Registered .	Ager	nt signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE EDG AND	DIDEC	TODE	IN 12
12. TITLE	DP OFFICERS AN	ID DIRECTORS  DELETE	1.1 THU	F		ADDITIONS/CHANGES TO OFFICE	ENS AND	Cha		Addition
NAME	THOMPSON, JAMES B		1.2 NAN							
STREET ADDRESS	600 1ST AVE. NORTH				ADDRESS					
C TY-ST-ZIP	ST. PETERSBURG FL 33701		1.4 CITY							
TITLE	DVST	DELETE	2.1 TITL					Cha	inge	Addition
NAME	GOODIS, JEFFREY M		2.2 NAM	Æ						
STREET ADDRESS	600 1ST AVE. NORTH		2.3 STR	EET.	ADDRESS					
CHY-ST-ZIP	ST. PETERSBURG FL 33701	OF STE	2. 4 CIT	******	ST-ZIP			F1 &		1.100
THLE		☐ DELETE	3.1 TITL					Cha	inge	Addition
NAME			3 2 NAM							
STREET ADDRESS CHY+ST-ZIP			3.3 STR 3.4. CIT		ADDRESS					
TITLE		☐ DELETE	4.1 TITL	_	) - ZIF			Cha	inge	Addition
NAME		-	4. 2 NA					_#	•	
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP			4 4 CIT	Y - S	T-ZIP					
TITLE		☐ DELETE	5 1 TITL	E				Cha	ange	Addition
NAME			5.2 NAM	ИE						
STREET ADDRESS			5.3 STR	EET	ADDRESS					
CITY SI-7IP		1 Doubte	5.4 CITY		T-ZIP			T A		بيداها في الم
THE		☐ DELETE	6.1 TIFL					☐ Cha	sige	Addition
NAME Process Appropries			6 2 NAM		ADDOCCO					
STREET ADDRESS					ADDRESS T. 710					
CITY-ST-7IP	L		6.4 CIT	1 5	1-447					

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 duranges or on an attachment with an address.

SIGNATURE:

NATURE AND LED OF PRINTED NAME OF BONING OFFICER OR DIRECTOR

1/22/97 81.

8/3-823-0540