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

CITY-ST-ZIP

STREET ADDRESS

14. I do hereby certify that the information information indicated on this annual of a man officer or director of the corporation in Block 12 or Block 13 if the

TITLE

NAME

DOCUMENT # P9400073479 (5)

AUDE, SHAND & WILLIAMS, INC.

FILED May 14 1997 8:00am Secretary of State

Principal Place of Business			Mailing Address							
19353 US HWY 19. N. SUITE 101 CLEARWATER FL 34624 US		St Ct	19353 US HWY 19. N. SUITE 101 CLEARWATER FL 34624-3102 US				3. Date Incorporated or Qualified		ate of Last F	leport
							10/06/1994	05/	01/1996	
2. Principal	Place of Business	2a.	Mailing Address				4. FEI Number			pplied For
21		26					59-3271123			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State			City & State				6. Election Campaign Financing	\$5.00 May Be		
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country		7 _i p	Count	гу		8. This corporation has liability for i	atangible	tax under s	i. 199.032,
24	25	29		30				Yes [
	9. Name and Address of Curre	nt Regis	tered Agent				10. Name and Address of New Re	gistered	Agent	
SH	AND, ARTHUR C			8	1	Name				
19353 US HWY 19, N.				-	2	Stront Addi	ress (P.O. Box Number is Not Acceptab	lo)		
SUITE 101				1°	٦	Street Addi	tess (1.0. Box Number is Not Accoptain	10)		
CLEARWATER FL 34624				E	3					
OU	PARMATER I E 040E4			Ļ.						
		~	\wedge	6	4	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered a				\ge	nt signature requi	red when reinstating)	DATE	C7//	J
12.	OFFICERS A	ND DIRE		13.	_		ADDITIONS/CHANGES TO OFFIC	ERS ANI	Change	Addition
TITLE	OP DODEST		☐ DELETE	1.1 TITL					[] Cliange	L Addition
NAME	AUDE, ROBERT J	= 464		1.2 NAV						
STREET ADDRESS		E 101		1.3 \$18	E	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34824			14 0111	- \$	1 - ZIP				
TITLE	DST		DELETE	2 1 THL	F				☐ Change	Addition
NAME	SHAND, ARTHUR C			2.2 NAN	10.	1				
STREET ADDRESS	: 19353 US HWY 19, N. SUIT	E 101		2.3 STR	EE1	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34624			2. 4 CI	¥ - S	61-7IP				
TITLE			DELETE	3 1 TITL	E				☐ Change	Addition
NAME				3.2 NAN	ME.					
STREET ADDRESS	s			3.3 STR	EET	ADDRESS				
CITY-ST-ZIP				3.4. CII	Y - S	51 - ZiP				
TITLE			DELETE	4.1 1111					Change	Addition
NAME				4 2 NA		ļ				
	, [AOORESS				
STREET ADDRESS	? [4.3 311 4.4 GIT						
CITY-ST-ZIP			DELETE	5 1 TH		11-71			Change	Additio
TITLE	\		E Mille	5.2 NA						.—
NAMÉ	_ [ADDRESS				
CTDEET ADDDCC4										

5 4 CITY - ST - ZIP

6.3 STREET ADDRESS

opplied why this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the port or supply usual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that also or the re-giver or trustic empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 CITY - S1 - ZIP

61 TITLE

62 NAME

DELETE

attachment with an address.