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 # P9600030893

BONNIE A. BERNS, P.A., ATTORNEY AT LAW

BONNIE A. BERNS & ASSOCIATES, P.A., ATTORNEYS AT LAW

			,			
Principal Place of Business Mailing Address						
116 EAST BLO BRANDON FL		116 EAST BLOOMINGDAI Brandon FL 33511-8101	I16 EAST BLOOMINGDALE BRANDON FL 33511-B101			
						3. Date Incorporated or Qualified 3a. Date of Last Report 04/09/1996
	Place of Business	2a. Mailing Address				4. FEI Number Applied For
21 [[26			59-3372370 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zιρ	Country	Zip	Cou	untry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes 🔀 Yes 🗌 No
	9, Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered Agent
BEF	RNS, BONNIE A			81	Name	
	EAST BLOOMINGDALE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
010		\$		83	· · · · · · · · · · · · · · · · · · ·	No. 1 Company of the
	•	· '				
				84	City	FL 85 Zip Code
onice or i	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob	ate of Fiorida. Such change was	authorize	a by	the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE			0.100 010		•	•
OIGITATIONE	Signature, typicd or printed name of registered	agent and title if applicable (NO)	E: Registere	o Aper	ni signature require	ed when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THLE	D	[] DELETE	- 1.1 ₹	TLE		Change Addition
NAME	BERNS, BONNIE A		1.2 N	AME		
STREET ADDRESS	116 EAST BLOOMINGDALE		1.3 \$1	TREET	ADDRESS	
CHY-ST-ZIP	BRANDON FL 33511		1.4 CI	TY-\$1	- ZIP	
TITLE		☐ DELETE	2.1 7	TLE		☐ Change ☐ Addition
NAME			2.2 N	AME		·
STREET ADDRESS			2.3 \$1	FREET A	ADDRESS	
CITY - ST - ZIP			2 4 0	ITY-S	T-21P	
TITLE		☐ DELETE	3.1 TI	TLE		☐ Change ☐ Addition
NAME			3.2 N/	AME		
STREET ADDRESS			3.3 S1	TREET A	ADDRESS	
CITY - ST - ZIP				ITY-S	T-ZIP	
TITLE		DELETE	4.1 TI	TLE		Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 S1	IREET A	ADDRESS	
CITY-ST-7IP			4.4 0	TY-ST	- ZIP	
DILE		☐ DELETE	5.1 Tr	TLE		Collage II Addition
NAME			5.2 N/	AME		1.6-1.1
STREET ADDRESS			5.3 ST	REET #	ADDRESS	-115/12/az
CITY-ST-Z-P		·	5.4 CI	TY-ST	- ZIP	10 9 9 9
TITLE		☐ DELETE	6.1 7	TLE		CMange ' Addition
NAME			62 N/	ME		500002189105 -05/23/9701003041
STREET ADDRESS			6.3 ST	REET #	ADDRESS	-05/23/9701003041
CITY-ST-ZIP			6400	TY-ST	7IP	***165.00

14. If 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 if changed, or on an attachment with an address.

SIGNATURE

DOSSUE AL DELLAND SIGNING OFFICER OF DIRECTO

april 28, 1997 (813)662-2001

FILED

May 13 1997 8:00am

Secretary of State