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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P9600053519 (0)

## FILED Mar 27 1997 8:00am Secretary of State

	plied For 1 Applicable Additional quired May Be o Fees 199,032,
2. Principal Place of Business   28. Mailing Address   4. FEI Number   5 q v 3 y 0 3 y 5 \	Applicable dditional quired May Be o Fees 199,032,
Suite Apt #, etc.  Suite Apt #, etc.  Suite Apt #, etc.  City & State  Country  Cou	Applicable dditional quired May Be o Fees 199,032,
Suite Apt. #, etc.    Suite Apt. #, etc.   Suite Apt. #, etc.	quired May Be o Fees 199,032,
City & State	May Be o Fees 199.032,
Trust Fund Contribution	o Fees 199,032,
Zip Country Zip Country Zip Country Size Size Size Size Size Size Size Size	199.032,
9. Name and Address of Current Registered Agent  STEAGALL, BARRY M 5900 CENTRAL AVENUE STE J ST. PETERSBURG FL 33707  83  R4 City  11. Pursuant to the provisions of Sections 207 0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing list of lice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as a gent Limit familiar with and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURI  12. OF ICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City-St-Zip  MM2  MYERS, KIM MARIE 63.19 FOURTH AVENUE SOUTH 61. ST. PETERSBURG FL 33707  14. City-St-Zip  This 14. City-St-Zip  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ST. PETERSBURG FL 33707  16. Change	
STEAGALL, BARRY M 5900 CENTRAL AVENUE STE J ST. PETERSBURG FL 33707  83  RM City FL 85 Zip C  11. Pursuant to the provisions of Sections 507 0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as a agent 1 am familiar with and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE Spraine lighted or point care of registered agent and tale if appointment as a statute of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as a agent 1 am familiar with and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City-St-Zip  MYERS, KIM MARIE  319 FOURTH AVENUE SOUTH  1.2 NAME  SIRELE ADDRESS  CITY-ST-Zip  THE  NAME  STREET ADDRESS	>ode
STEADURE  ST. PETERSBURG FL 33707  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip C   84 City   FL   85 Zip C   85 Zip C   86   Replace or registered agent or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as a gignt 1 am familiar with and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature required when remstating)  DATE  12. OF LICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTEL ADDRESS  SIBELLADGRESS  CITY ST ZIP  THE  NAME  SHEELADGRESS  ST. PETERSBURG FL 33707  LA CITY-ST-ZIP  Change  Change  Change  Change  Change  Change  Change  Change  Change	>ode
ST. PETERSBURG FL 33707  83  84 City  FL 85 Zip C  11. Pursuant to the provisions of Sections C07:0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as a agent. Lam familiar with and accept the obligations of. Section 607.0506, Florida Statutes.  SIGNATURE  Signature hybrid or part of registered agent and talls 4 apposable. (NOTE Registered Agent signature required when remaining)  DATE  12. OF LICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  MYERS, KIM MARIE  6319 FOURTH AVENUE SOUTH  STREET ADDRESS  CTY. ST. ZIP  THE  MAME  SHREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  1.2 NAME  2.2 NAME  2.3 STREET ADDRESS	>ode
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as a agent of the purpose of changing its office or registered agent and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature formular with and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature formular viction of registered agent and tale 4 associable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICE IS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTILE  WYERS, KIM MARIE  6319 FOURTH AVENUE SOUTH  1.3 STREET ADDRESS  C.TY. ST. ZIP  TIME  DELETE  1.1 TITLE  Change	)ode
### City ### City ####################################	Code
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12. OF LICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  15. TITLE  16. TITLE  17. NAME  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. Change	registered
MYERS, KIM MARIE	S IN 12
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CTY-ST ZP	
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TREE DELETE 6.1 TITLE Change	1
NAME 62 NAME	Addition
STREET ACCIPILESS	Addition
CITY-S1-ZIP 64 CITY-S1-ZIP	Addition

4.1 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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

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