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

DOCUMENT # S03037

(6)

MORGENSTERN & COMPANY, P.A., CERTIFIED PUBLIC AC **COUNTANTS**

Principal Disease F Pus ness Mail na Addrage

FILED Jan 24 1997 8:00am Secretary of State



1460 BARNETT PLAZA 101 EAST KENNEDY BLVD. TAMPA FL 33602 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23		1480 BARNETT PLAZA 101 EAST KENNEDY BLVD. TAMPA FL 33602-5179 2a. Mailing Address 26 Suite, Apt #, elc. 27 City & State 28				3. Date Incorporated or Qualified 10/01/1990 3. Date of Last Report 03/28/1996 4. FEI Number 59-3029972 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution 3. Date of Last Report 03/28/1996 Applied For Not Applied For					
Zip	Country	Zip Count				8. This corporation has liability for intangible tax under s. 199,032,					
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent							
MAI		r negistered Agent		B1	Name	10.	Halife and Addises of Hear No	Aleterati >	Yent		
KALISH, WILLIAM 4100 BARNETT PLAZA					Chroat Adv	denno (D	O. Box Number is Not Acceptab	ula\			
101 EAST KENNEDY BLVD.			['	82	Street Acc	aress (F	.U. Box Number is not Acceptab	n e)			
TAN	IPA FL 33602		[1	83							
			ļ.	B4	City			FL	85	Zip C	ode
11. Pursuant office or ragent. La	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obliga	ations of Section 607.0505,	Florida Statu	ites				urpose of ot the appo	changi ointmer	ng its it as r	registered egistered
	Signature, typed or printed hame of registered apar		OTE: Registered	Ape	nt signature requ		reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIDEO	TODO	184.40
12.	OFFICERS AND	DELETE DELETE	13.				ADDITIONS/CHANGES TO OFFIC	EHS AND	Cha		Addition
NAME	MORGENSTERN, LLOYD J.		1.2 NAN						U. 0,4	. 180	,
STREET ADORESS	101 E KENNEDY BLVD #1480				ADDRESS						
CITY-ST-ZIP	TAMPA FL		1.4 CIT								
TITLE	ST	DELETE	2.1 TITE	.E					Cha	nge	Addition
NAME	MORGENSTERN, LLOYD J.		2.2 NAM	ИE							
STREET ADDRESS	101 E KENNEDY BLVD #1480		-2.3 STR	EET	ADDRESS						
CITY - ST - ZIP	TAMPA FL	T brieze	2. 4 GIT		iT-ZIP				T 1 04-		T Addition
TITLE		☐ DELETE	3.1 TITU						Cha	nge	Addition
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NAME			4. 2 NA	ME							į
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NAME			5.2 NA								
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TITLE			6.1 TITI						LJ UIB	ıı iAz	L] MUGIOUII
NAME CIRCL ADDRESS			6.2 NA/		ADDRESS						
STREET ADDRESS CITY+ST-ZIP			6 4 CIT								
0111-01-71L	L		0.7011	r - O	· 611				,		

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 if changed, or on an attachment with an address.