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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # S47874

(0)

Mailing Address

GLATTHORN & COMPANY, P.A.

| FILED              |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|
| May 07 1997 8:00am |  |  |  |  |  |  |  |  |  |
| Secretary of State |  |  |  |  |  |  |  |  |  |

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| 411 PASADENA AVENUE SOUTH                      |                                                                                |                                                                  | 411 PASADENA AVENUE SOUTH                    |              |                |                                                                                                                     |                                                                                                    |                |  |  |
|------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------|--------------|----------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------|--|--|
| ST. PETERSBUR                                  | RG FL 33707                                                                    | ST. PETERSBURG FL 337                                            | 707-2101                                     |              |                |                                                                                                                     |                                                                                                    |                |  |  |
|                                                |                                                                                |                                                                  |                                              |              |                |                                                                                                                     | 3a. Date of Last Report 05/01/1996                                                                 |                |  |  |
|                                                | lace of Business                                                               | 2a. Mailing Address                                              | R. Mailing Address                           |              |                | 4. FEI Number                                                                                                       |                                                                                                    | Applied For    |  |  |
| 21 Suite Ant                                   |                                                                                | 26                                                               |                                              |              |                | 59-3063730                                                                                                          | Not Applicable                                                                                     |                |  |  |
| Suite, Apt.                                    | #, 8IC.                                                                        | Suite, Apt. #, etc.                                              |                                              |              |                | 5. Certificate of Status Desired                                                                                    | \$8.75 Additional Fee Required                                                                     |                |  |  |
| City & Stat                                    | е                                                                              | City & State                                                     | ├─ <b>`</b>                                  |              |                | Election Campaign Financing     Trust Fund Contribution                                                             | \$5.00 May Be Added to Fees                                                                        |                |  |  |
| Zip<br><b>24</b>                               | Country 25                                                                     | 7 (p)                                                            | Cour<br>30                                   | nlry         |                |                                                                                                                     | his corporation has liability for intangible tax under s. 199.032.<br>ilorida Statutes ★★ Yes □ No |                |  |  |
|                                                | 9. Name and Address of Curre                                                   |                                                                  | 10. Name and Address of New Registered Agent |              |                |                                                                                                                     |                                                                                                    |                |  |  |
|                                                | ITHORN, GINA M.                                                                |                                                                  |                                              | B1           | Name           |                                                                                                                     |                                                                                                    |                |  |  |
| 411 PASADENA AVE SO<br>ST. PETERSBURG FL 33707 |                                                                                |                                                                  |                                              |              | Street A       | Address (P.O. Box Number is Not Acceptable)                                                                         |                                                                                                    |                |  |  |
| <b>V</b> 1                                     | LIENOSING I E GOIO                                                             |                                                                  | ļ                                            | В3           |                |                                                                                                                     |                                                                                                    |                |  |  |
|                                                |                                                                                |                                                                  |                                              | 64           | City           | FL                                                                                                                  | <b>85</b> Zip                                                                                      | Code           |  |  |
| 11. Pursuant                                   | to the provisions of Sections 607.05                                           | 02 and 607.1508, Florida Stat                                    | utes, the ab                                 | OOVE         | -named c       | corporation submits this statement for the purpose of corporation's board of directors. I hereby accept the appoint | hanging                                                                                            | its registered |  |  |
| office or r<br>agent. I a                      | egistered agent, or both, in the Stat<br>im familiar with, and accept the obli | e of Florida. Such change was<br>gations of, Section 607.0505. I | s authorized<br>Florida Stati                | i by<br>ules | the corpo      | oration's board of directors. I hereby accept the appoint                                                           | ntment a                                                                                           | s registered   |  |  |
| SIGNATURE                                      | ,                                                                              | •                                                                |                                              |              |                |                                                                                                                     |                                                                                                    |                |  |  |
|                                                | Signature, typed or printed name of registered a                               |                                                                  |                                              | Age          | nt signature r | required when reinstating) (DAT)                                                                                    |                                                                                                    |                |  |  |
| 12.                                            |                                                                                | ND DIRECTORS                                                     | 18.                                          |              | T              | ADDITIONS/CHANGES TO OFFICERS AND                                                                                   |                                                                                                    |                |  |  |
| TITLE<br>NAME                                  | D<br>  Glatthorn, Gina M.                                                      | L_J DELETE                                                       | 1.1 111                                      |              |                | L                                                                                                                   | _ Change                                                                                           | Addition       |  |  |
| STREET ADDRESS                                 | 411 PASADENA AVE S.                                                            |                                                                  | 1.2 NA                                       |              | ADDRESS        |                                                                                                                     |                                                                                                    |                |  |  |
| CITY-ST-ZIP                                    | OT DETENOBUIGG EI                                                              |                                                                  |                                              |              | T-ZIP          |                                                                                                                     |                                                                                                    |                |  |  |
| TITLE                                          |                                                                                |                                                                  |                                              | LE           |                |                                                                                                                     | Change                                                                                             | Addition       |  |  |
| NAME                                           |                                                                                |                                                                  | 2.2 NAME                                     |              |                |                                                                                                                     |                                                                                                    |                |  |  |
| STREET ADDRESS                                 |                                                                                |                                                                  | 2.3 ST                                       | REE 1        | ADDRESS        |                                                                                                                     |                                                                                                    |                |  |  |
| CITY-ST-ZIP                                    |                                                                                |                                                                  |                                              | 17-9         | ST-ZIP         |                                                                                                                     |                                                                                                    |                |  |  |
| TITLE                                          | DELETE                                                                         |                                                                  |                                              | ILE          |                |                                                                                                                     | Change                                                                                             | Addition       |  |  |
| NAME                                           |                                                                                |                                                                  | 3.2 NA                                       | ME           | 1              |                                                                                                                     |                                                                                                    |                |  |  |
| STREET ADDRESS                                 |                                                                                |                                                                  | 3.3 \$1                                      | REE1         | ADDRESS        |                                                                                                                     |                                                                                                    |                |  |  |
| CITY-ST-ZIP                                    |                                                                                | T priest                                                         | 3.4 CI                                       |              | 11-ZIP         |                                                                                                                     | ٦                                                                                                  |                |  |  |
| TALE                                           |                                                                                | DELETE                                                           | 4.1 7(1                                      |              |                | L                                                                                                                   | Change                                                                                             | Addition       |  |  |
| NAME<br>DEDECT ADDRESS                         |                                                                                |                                                                  | 4.2 N/                                       |              | 10001 cc       |                                                                                                                     |                                                                                                    |                |  |  |
| STREET ADDRESS                                 |                                                                                |                                                                  |                                              |              | ADDRESS        |                                                                                                                     |                                                                                                    |                |  |  |
| CITY-ST-ZIP<br>TITLE                           |                                                                                | DELETE                                                           | 4.4 CH<br>5.1 TH                             |              | 1- ZIF         |                                                                                                                     | Change                                                                                             | Addition       |  |  |
| NAME                                           |                                                                                |                                                                  | 5.2 NA                                       |              |                | _                                                                                                                   |                                                                                                    |                |  |  |
| STREET ADDRESS                                 |                                                                                |                                                                  |                                              |              | ADDRESS        |                                                                                                                     |                                                                                                    |                |  |  |
| CITY-ST-ZIP                                    |                                                                                |                                                                  | 5.4 CIT                                      |              |                | ·                                                                                                                   |                                                                                                    |                |  |  |
| TITLE                                          |                                                                                | DELETE                                                           | 6.1 TiT                                      |              |                |                                                                                                                     | Change                                                                                             | Addition       |  |  |
| NAME                                           |                                                                                |                                                                  | 6.2 NA                                       | ME           |                |                                                                                                                     |                                                                                                    |                |  |  |
| STREET ADDRESS                                 |                                                                                |                                                                  | 6. <b>3</b> S1                               | REET         | ADDRESS        |                                                                                                                     |                                                                                                    | 1              |  |  |
| CITY-ST-ZIP                                    |                                                                                |                                                                  | 6.4 CiT                                      | IY-S         | T - 21P        |                                                                                                                     |                                                                                                    |                |  |  |

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 12

CIONATURE.

na M. Glatthor 430/97 813

13/347-5100