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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

												_
Ĺ	Q	CL	ĮМ	ΕN	T	#	٧	5	0	0	2	3

DOCU 1. Corporatio	MENT # V5002	3 (3	3)						
YIKES B	IKES, INC.					1 (871) 9)(68) 9141 86(I) 86(I) 1686 (I)	(A)) Kibii Bibii âlbii â	LIGIT BIGIT LOGS	
				1					
Principal Plac	e of Business	Mailing Addre	f their arrabi Birri abili seria Hasa 2111 d						
1521 E. FLETCI TAMPA FL 3361		1521 E. FLETCHER AVE. TAMPA FL 33612-3721							
İ						3. Date Incorporated or Qualified 07/10/1992	3a. Date of La 05/01/199	. '	
·····	Place of Business	2s. Mailing Ad	dress			4. FEI Number		Applied For	
21		26		·		59-3120647		Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				6. Certificate of Status Desired	1 1 ,	5 Additional Required	
City & Stat	10	City & Stal	te			6. Election Campaign Financing		00 May Be	
23		28				Trust Fund Contribution		led to Fees	
Zφ	Country	Zip		Country	<i>!</i>	8. This corporation has liability for intangible tax under s. 199.			
24	25	29		30			Yes No		
	9. Name and Address of Curi	rent Hegistered Agen	17	81	Name	10. Name and Address of New Reg	istered Agent		
	ORHEAD, JOHN								
	I E. FLETCHER AVE.			82	Street Add	fress (P.O. Box Number is Not Acceptab	le)	1	
IAM	PA FL 33612			83	<u></u>				
				84	City		FL 85 3	Zip Code	
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob-	502 and 607,1508, Fid ale of Florida. Such ch ligations of, Section 60	orida Statut lange was i 07.0505, Fl	es, the abov authorized b orida Statute	e-named cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accept	rpose of changir the appointmen	ng its registered t as registered	
StGNATURE	Signature, typed or printed name of registered			E Business A.		rired when reinstating)	DATE		
12.		AND DIRECTORS	(NO)	13.	DIE SIGNATURE FOOT	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
TITLE	P		DELETE	1.1 TITLE			☐ Char		
NAME	MOORHEAD, JOHN			1.2 NAME					
STREET ADDRESS	1521 E. FLETCHER AVE.			1.3 STREE	ADDRESS			i	
CITY - ST - ZIP	TAMPA FL			1.4 CITY-1	ST-ZIP				
TITLE			DELETE	2.1 TITLE			L Char	nge [_] Addition	
NAME				2.2 NAME	ŀ			1	
STREET ADDRESS				2.3 STREET					
CITY-ST-ZIP			DELETE	2.4 CITY-	ST-ZIP		· Char	ge Addition	
TITLE		L	DELLE	3.1 TITLE]	·	L_J CHAI	An Property	
NAME expect amounted				3.2 NAME 3.3 STREET	ADDDESS)	
STREET ADDRESS City - St - Zip				3.4. CITY-				-	
TITLE			DELETE	4.1 TITLE	31-24		Char	ge Addition	
NAME				4. 2 NAME			_		
STREET ADDRESS					ADDRESS			İ	
CITY-SI-ZIP				4.4 CITY-1				1	
TITLE			DELETE	5.1 TITLE			Char	ge Addition	
NAME				5.2 NAME	1			Į	
STREET ADDRESS				5.3 STAEET	ADDRESS			į	
CITY - 51 - 71P				5.4 CITY - 5	ST-ZIP	······································			
TITLE		LJ	DELETE	6.1 TITLE	1		☐ Char	ige 🛄 Addition	
NAME				6.2 NAME					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #

FILED

May 05 1997 8:00am

Secretary of State