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

## **FILED**

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1/720/ 101

Feb 05 1997 8:00am Secretary of State

Principal Place of Business  Principal Place of Business  State 1								
					3. Date Incorporated or Qualified 06/12/1946	3a. Date of 03/21/1		p <b>ort</b>
2. Principal 21	Place of Business	2a. Mailing Address 26		4. FEI Number 59-0553290	EQ OFFOOOD		plied For t Applicable	
Suite, Ap 22	t.#, etc.	Suite. Apt. #, etc.	***************************************		5. Certificate of Status Desired	□ \$	<b>8.75</b> A Fee Re	Additional quired
City & Sta	ate	City & State			Election Campaign Financing     Trust Fund Contribution		5.00 Added to	May Be
Ziρ	Country	Zip	Cour	itry	This corporation has liability for			
24	25	29	30	•		Yes No		100.002,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Ager	11	
SH	iaheen, albert j		1	81 Name				
680	01 S.W. 80 AVENUE		<u> </u>	B2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
MV	AMI FL 33143			Olycot / Id.	areas (1.6. Sox Harrison to Harrisophia			
			[1	B3				
			1	B4 City		85	Zip C	)ode
			[	City		FL  °°	) Zip (	)OGE
office or agent. I SIGNATURE					proporation submits this statement for the pation's board of directors. I hereby acception when reinstating)	pt the appointm	nent as	registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	RECTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 111	.E			Change	Addition
NAME	SHAHEEN,ALBERT J		12 NA	AE .				
STREET ADDRESS			1.3 ST#	IEET ADDRESS				
CITY-S1-ZiF	MIAMI FL		1.4 CIT	Y-ST-ZIP				
TITLE	SD DELETE		2.1 1111	.E			Change	Addition
NAME	SHAHEEN, FRANCES C.		2.2 NAI	ME				
STREET ADDRESS			2.3 STF	REET ADDRESS				
C-TY - ST - ZIP	MIAMI FL			Y-ST-ZIP				
TITLE	VD	DELETE	3.1 TITI	LE			Change	Addition
NAMÉ	SHAHEEN, ALBERT R.		3.2 NAI	ME				
STREET ADDRESS	5 45 5 8 46 day		3.3 STF	REET ADDRESS				
CITY - ST - ZIP	MIAMI FL			TY-ST-ZIP			<del></del>	
TITLE	VD	☐ DELETE	4.1 T(T)				Change	Addition
NAME	SHAHEEN, MICHAEL J.		4, 2 NA	l				
STREET ADDRESS				REET ADDRESS				
CITY - ST - 7IP	TAMPA FL			Y-ST-ZIP			<del></del>	
TITLE	D ENGENE	DELETE	5 f TITI	1		<u></u>	Change	Addition
NAME	HUTTO, R. EUGENE		52 NAI	Ĩ				
STREET ADDRESS				REET ADDRESS				
CITY- ST - ZIP	MIAMI FL	T At the		Y-ST-ZIP		<del></del>	Observ	Later
TITLE	1	DELETE	6.1 TITI	LE I		السا	Change	Addition

CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

NAME

STREET ADDRESS