## **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 # M66438

(6)

EH ED

| Principal Place of Business Mailing Address  POST OFFICE BOX 12332  ST. PETERSBURG FL 33733  POST OFFICE BOX 12332  ST. PETERSBURG FL 33733-2332 |  |   |   |                                | **                             |   |                           |                 |         |                         |  |
|--|--|---|---|--------------------------------|--------------------------------|---|---------------------------|-----------------|---------|-------------------------|--|
|  |  |   |   |                                |                                | 3. Date Incorporated or Qualified 01/29/1988  | 3a. Da<br><b>05/0</b>     | te of L<br>1/19 |         | port                    |  |
| 2. Principal F   | Place of Business  | 2a. Mailing Address   |   |                                |                                | 4. FEI Number 59-2999018  |                           | -               |         | olied For<br>Applicable |  |
| Sulte, Apt.  | #, etc.  | Suite, Apt. #, etc.   |   |                                |                                | 5. Certificate of Status Desired  |                           |                 | 75 A    | dditional<br>guired     |  |
| City & Ster  | te   | City & State  |   |                                |                                | Election Campaign Financing     Trust Fund Contribution                                 |                           |                 |         | May Be<br>Fees          |  |
| Zip<br>24  | Country Zip 25 29  |   | Countr                                    | У                              |                                | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                           |                 |         |                         |  |
|  | 9. Name and Address of Cur   | rent Registered Agent   |   |                                |                                | 10. Name and Address of New Ro  | gistered #                | gent            |         |                         |  |
|  | OLD, RICHARD C.  |   | 81  | ۱                              | Name                           |   |                           |                 |         |                         |  |
| 5681 34TH STREET NORTH<br>ST. PETERSBRUG FL 33714  |  |   | 82  | _[_                            | Street Addre                   |   |                           |                 |         |                         |  |
|  |  |   | 83  | 3                              |                                |   |                           |                 |         |                         |  |
|  |  |   | 84  | 1                              | City                           |   | FL                        | 85              | Zip C   | ode                     |  |
| 11. Pursuant office or agent. I a  | to the provisions of Sections 607.0<br>registered agent, or both, in the St<br>am familiar with, and accept the of | 0002 and 607,1508, Florida Statute<br>ate of Florida. Such change was a<br>bligations of, Section 607,0505, Flo | os, the aboviothorized b<br>orida Statulo | vo-<br>by tos.                 | named corpo<br>the corporation | oration submits this statement for the<br>on's board of directors. I hereby acce        | ourpose of<br>pt the appo | chang<br>ointme | ing its | registered<br>egistered |  |
|  | Signature, typed or printed name of registered   |   |   | gont                           | signature require              | d when reinstating)   | DATE                      |                 |         |                         |  |
| 12.  | I PST  | AND DIRECTORS  DELETE   | 13.                                       |                                |                                | ADDITIONS/CHANGES TO OFFI   | JERS AND                  | DIREC           |         | Addition                |  |
| NAME   | ARNOLD, RICHARD  | Land Dettine  | 1.2 NAME                                  | }                              |                                |   |                           | L., Olic        | ings    | [] Notificit            |  |
| STREET ADDRESS   | 5661 34TH ST. NORTH  |   | 1.3 STREE                                 |                                | DDBESS                         |   |                           |                 |         |                         |  |
| CITY-ST-ZIP  | ST. PETERSBURG FL  |   | 1.4 CITY-                                 |                                | 1                              |   |                           |                 |         |                         |  |
| TITLE  | D  | DELE1E  | 2.1 TITLE                                 |                                |                                |   |                           | ☐ Cha           | inge    | Addition                |  |
| NAME   | ARNOLD, RICHARD  |   | 2.2 NAME                                  |                                |                                |   |                           |                 |         |                         |  |
| STREET ADDRESS   | 5661 34TH ST. NORTH  |   | 2.3 STREE                                 | 1 A                            | ,DDRESS                        |   |                           |                 |         |                         |  |
| CITY-ST-ZIP  | ST. PETERSBURG FL  | T Box ess   | 2. 4 CITY-                                | - ST                           | -7IP                           |   |                           | r 1 ~           |         | 1                       |  |
| TITLE  |  | ☐ DELETE  | 3171717                                   |                                |                                |   |                           | Chá             | inge    | Addition                |  |
| NAME<br>PARTER ARRESTOR  |  |   |   | 3.2 NAME<br>3.3 STREET ADDRESS |                                |   |                           |                 |         |                         |  |
| STREET ADDRESS   | }  | 3   |   | A. CHY-SY-ZIP                  |                                |   |                           |                 |         |                         |  |
| CITY-ST-ZIP<br>TITLE   | <u> </u>   | DECETE  | 4.1 TITLE                                 | - 51                           | · zir                          |   |                           | Cha             | nge     | Addition                |  |
| NAME   |  | <del></del>   | 4. 2 NAME                                 | E                              |                                |   |                           |                 | ٥.      |                         |  |
| STREET ADDRESS   |  |   | 4.3 STREE                                 |                                | DDRESS                         |   |                           |                 |         |                         |  |
| CITY-ST-ZIP  |  |   |   | CITY-ST-ZIP                    |                                |   |                           |                 |         |                         |  |
| TITLE  |  | DETETE  | 51100                                     |                                |                                |   | ··-                       | Cha             | ınge    | Addition                |  |
| NAME   |  |   | 5.2 NAME                                  |                                |                                |   |                           |                 |         |                         |  |
| STREET ADDRESS   |  |   | 5.3 STREE                                 | I A                            | DDRESS                         |   |                           |                 |         |                         |  |

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

64 CITY-ST-7IP

6.1 TO LE

6.2 NAME

DELETE

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 control 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 to state empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or an analysis of the same legal effect as if made under oath; that a property is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or an analysis of the same legal effect as if made under oath; that 812-126-5450

Change

Addition