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Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000045922 (9)

1. Corporation Name  
2201 CORPORATION

Principal Place of Business  
5388 115TH AVE. NORTH  
CLEARWATER FL 34620

Mailing Address  
P.O. BOX 13193  
ST. PETERSBURG FL 33733-3193



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/14/1994		3a. Date of Last Report 04/30/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3254970		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

<del>SWANSON, P. G.</del> <del>5388 115TH AVE. NORTH</del> <del>CLEARWATER FL 34620</del>		81 Name NIEMI, RONALD, J., JR.	
		82 Street Address (P.O. Box Number is Not Acceptable) 5388 115th. AVENUE NORTH	
		83	
		84 City CLEARWATER, FL	
		85 Zip Code 34620	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Ronald J. Niemi, Jr. RONALD J. NIEMI, JR. C/D/VP 4/17/97  
(Signature, typed or printed name of registered agent acceptable if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>OB</del> <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, P.G.	1.2 NAME	SWANSON, P. G.
STREET ADDRESS	<del>5015 HORNWOOD DRIVE</del>	1.3 STREET ADDRESS	1617 FANNIN STREET
CITY-ST-ZIP	<del>HOUSTON TX 77001</del>	1.4 CITY-ST-ZIP	HOUSTON, TEXAS 77002
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	C/D/V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBRAY, RAQUEL A.	2.2 NAME	NIEMI, RONALD, J., JR.
STREET ADDRESS	3100 THRID AVE NORTH	2.3 STREET ADDRESS	1032 1/2 24th. AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FLORIDA 33704
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>WENTZ, GREGORY G.</del>	3.2 NAME	FULLER, STEPHEN, A.
STREET ADDRESS	<del>2835 CENTRAL AVE</del>	3.3 STREET ADDRESS	6551 40th. AVENUE NORTH
CITY-ST-ZIP	<del>ST. PETERSBURG FL</del>	3.4 CITY-ST-ZIP	ST. PETERSBURG, FLORIDA 33709
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBERT, TIMOTHY J.	4.2 NAME	COLBERT, TIMOTHY, J.
STREET ADDRESS	<del>5015 HORNWOOD DR</del>	4.3 STREET ADDRESS	1617 FANNIN STREET
CITY-ST-ZIP	<del>HOUSTON TX</del>	4.4 CITY-ST-ZIP	HOUSTON, TEXAS 77002
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	<del>SWANSON, GERTRUDE N.</del>	5.2 NAME	
STREET ADDRESS	<del>441 83RD ST NORTH</del>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<del>ST. PETERSBURG FL</del>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

CR2E034 (9/96)