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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

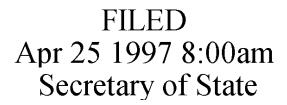
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 590934

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Principal Place	of Punings	Mailing Address				
1265 S.MYRTLE CLEARWATER I		1265 S.MYRTLE AVE. CLEARWATER FL 34616-3	470			
					 Date Incorporated or Qualified 10/24/1978 	3a. Date of Last Report 04/23/1996
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1856101	Not Applicable
Sulte, Apt. 4	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
_	City & State		6. Election Campaign Financing	\$5.00 May Be		
23 Zip	Country	28 Zip	Cou	ntru	Trust Fund Contribution	Added to Fees
24	25	29	30	, tu y	8. This corporation has liability for in Florida Statutes	Yes No
24	9. Name and Address of Current		1301		10. Name and Address of New Rec	
DIVE	S, HOWARD P.,III			81 Name		<u>-</u>
	S.MYRTLE AVE.					
	ARWATER FL 34616			82 Street A	ddress (P.O. Box Number is Not Acceptab	e)
VIII	AIIIAICH I C 04010		İ	83		
				84 City		FL 85 Zip Code
office or re	to the provisions of Sections 607.0502 egistered agont, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was :	authorized	d by the carpo	orporation submits this statement for the poration's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
	Signature, typed or printed name of registered ago:		IF Registeres	l Agent signature re	equired when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PSD HOWARD D.III	DELETE	1.1 111	1		Change Addition
NAME	RIVES, HOWARD P III		1.2 N/	1		į.
STREET ADDRESS	1265 S.MYRTLE AVE.			REET ADDRESS		ļ
CITY-ST-ZIP	CLEARWATER, FL 00000	Douge		TY-ST-ZIP		Change Addition
TITLE	**	☐ DELETE	2.1 111			Change Addition
NAME	RIVES, MARIE T.		2.2 NA	1		
STREET ADDRESS	1265 S. MYRTLE AVE.			HEET ADDRESS		\ -
CITY-ST-2IP	CLEARWATER FL	TOTAL TARE		ITY-S1-ZIP		Change Addition
TITLE		☐ DEFETE	31111			Change Addition
NAME			3 2 NA			
STREET ADDRESS				REFT ADDRESS		
CITY-ST-ZIP		DELETE		TY - S1 - 7IP		Change Addition
TITLE		□ DECENT	4.1 111	1		D guande T Wool((0))
NAME			4. 2 N			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		DELETE		1Y - \$1 - ZIP		Change Addition
TITLE		La Diccie	5.1 III			Change Addition
NAME			5.2 NA	1		Į.
STREET ADDRESS				REET ADDRESS		1
CITY-ST-ZIP		DELETE		TY-ST-ZIP		Change Addition
TITLE		בן אננונ	6.1 TI			Lij Onange Lij Abbillon
NAME			6.2 N/			
STREET ADORESS				REFT ADDRESS		
CITY-ST-ZIP			6.4 CI	1¥-51-71°	440 OTION E	4.4

I do hereby certify that the information supplied with this filing does not qualify of 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 five and accurate and that my signature shall have the same legal effect as if made under eath; that if am an officer or director of the corporation or the receiver or trusted exposured 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 accuracy.