## 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

SUNSHI		Mailing Address 343 39TH AVE N ST PETERSBURG FL 33703-6122			
				3. Date Incorporated or Qualified 10/18/1951	3e. Date of Last Report 04/08/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 {     Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-0676380	Not Applicable
Suite, Apr. #, etc.		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	9. Name and Address of Currer	29	30	Florida Statutes  10. Name and Address of New Re	Yes No
	ENEY, DONALD G.	it negistered Agent	81 Name	TO. Name and Address of New A	Bisralad Wilelit
	enet, donald G. 6 Eden ISLE DRIVE, N.E.				
ST PETERSBURG FL 33704			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
				orporation submits this statement for the p	<b>FL</b>
agent. I a SIGNATURE	am familiar with, and accept the oblig Signature, typed or profid name of registered age OFFICERS AN	ations of, Section 607.0505, Flo	orida Statutes.  Registered Agent signature rec	ration's board of directors. I hereby accer pulsed when reinslating)  ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	CHENEY,DONALD G		1.2 NAME		
STREET ADDRESS	1296 EDEN ISLE DRIVE, NE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	·····	1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHENEY, JANE		2.2 NAME		
STREET ADDRESS	1296 EDEN ISLE DRIVE, NE ST PETERSBURG FL		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SD FETENSBURG FL	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	BAYLOR, DONNA C.			_	•
STREET ADDRESS	560-29-AVE. SE		3.3 STREET ADDRESS	923 Eden Isle D	ICNE.
CITY-ST-ZIP	ST. PETERSBURG FL		34 CITY-ST-ZIP	983 Even ISIED ST. PETERSBURG	FLAZONU
THLE		☐ DELETE	4 1 TITLE	J, 1 212 01 01 0	Change Addition
NVME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-7IP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
DCY-ST-7IP TITLE		☐ DELETE	5.4 CITY - ST - ZIP		Change Addition
NAME			61 TITLE 62 NAME		Charge C Applica
STREET ADDRESS			63 STREET ADDRESS		
CETY-ST-ZIP			6.4 City - St - 7IP		

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 armyal 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, an attachment with an address.

**FILED** 

Feb 18 1997 8:00am

Secretary of State