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 #

170771

(0)

NO-TRO, INC.

Princanal.	Place	O.	13:11	30688

Mailing Address

3316 S 3RD STREET

3316 S 3RD STREET

FILED Apr 09 1997 8:00am Secretary of State



JACKSONVILL	E BEACH FL 32250	JACKSONVILLE BEACH	H FL 32250-61	058	1					
						3. Date incorporated or Qualified 11/01/1952	3a. Da		ast Re 1 996	
2. Principal Pla	ace of Bus-ness	2a. Mailing Address				4. FEI Number			 -	plied For
21		26				59-0682543		ļ		t Applicable
Suite Apt #	Letc	Suite, Apt. #, etc.				5. Certificate of Status Desired				dditional quired
City & State		City & State				Election Campaign Financing Trust Fund Contribution				May Be o Fees
Z(p)	Country	Zip	Coun	try		8. This corporation has liability for i	ntangible	tax ur	ider s	199.032.
24	25	29	30			Florida Statutes	Yes [] No		
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Re	gistered /	Agent		
SM	ith Sr, Bonnie I		E	31	Name					
315	34TH AVE SO		ε	32	Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
JAC	CKSONVILLE BEACH, FLORIDA									
322	250		[8	33						
			1	34	City		FL	85	Zip	Code
						oration submits this statement for the pion's board of directors. I hereby accept				
SIGNATURE 12.	Segnatura: Typest or protect name, of registered age	ent and intell applicable (No D DIRECTORS	OTE: Registered	Ager	nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRE	CTOF	S IN 12
1 D.F	PD	DELETE	1.1 TITL	F	·	7001101000114100010	1211071112	С		Addition
NAME	SMITH SR, BONNIE I	till precie	1.2 NAN							
STREET ADDRESS	315-34 AVENUE SOUTH				ADDRESS					
CHY ST 799	JAX BEACH, FL 00000		1.4 CITY		1					
Till!	VD	DELETE	2.1 TITL				***************************************	□ c	hange	Addition
NAME	SMITH JR, BONNIE I		2.2 NAM	ME						
STREET ADDRESS	3316 S THIRD ST		2.3 STR	EFT.	ADDRESS					
CPY+S1+ZiP	JAX BEACH, FL 00000		2. 4 DIT	Y-S	ST-ZIP					
Id;F	T	☐ DELETE	3.1 TIFL	.E				☐ C	hange	Addition
NAME	smith Jr, Bonnie I		3.2 NA	ME						
S*REET ADDRESS	3316 S THIRD ST		33 STR	EEY	ADDRESS					
CHY-ST-7IP	JAX BEACH, FL 00000		34. CIT	Y-S	ST-ZIP			·		
7	8	☐ DELETE	4.1 TITL	LE					hange	Addition
NAM:	SMITH, JUDITH L		4. 2 NA	ME						
STREET ADDRESS	3316 S THIRD ST		4.3 STF	REET	ADDRESS					
C 17 - S1 - ZIP	JAX BEACH, FL 00000		4.4 CIT		T-ZIP					A alasta
1016		☐ DELETE	5.1 TIT					L., (hange	Addition
NAME			5.2 NA/							
STREET ADDRESS					ADDRESS					
CHY-ST ZP		DELETE	5.4 CIT		31-ZIP			110	hange	Addition
THILF		☐ DELETE	6.1 TiTI					`	ıkırıye	LJ Addition
NAME			62 NAI							
STREET ADDRESS					ADDRESS					
CITY ST-ZIF			6.4 CIT	Y-S	T-ZIP					

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 13 if changed, or on an attachment with an address.