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 # 183027

(2)

SOUTHERN IMPROVEMENT CO INC

FILED May 01 1997 8:00am Secretary of State



Principal Place of Business NCNB BANK BUILDING 9385 NORTH 56TH STREET, SUITE 303 TEMPLE TERRACE FL 33617-5505		NCNB BAN 9385 NOR	Mailing Address NCNB BANK BUILDING 8385 NORTH 58TH STREET, SUITE 303 TEMPLE TERRACE FL 33617-5589					3. Date Incorporated or Qualified 3a. Date of Last Report				
							01/01/1959			1/1996	юрон	
2. Principal P	lace of Business	2a. Mailir 26	g Address				4. FEI Number 59-60787	83			pplied For ot Applicable	
Suite, Apt	#, etc.		Apt. #, etc.				5. Certificate of	Status Desired		\$8.75	Additional equired	
City & State	0		State				6. Election Carr	paign Financing			May Be	
23	Cot	28		7 6			Trust Fund C	·····		Added	to Fees	
Ζιρ 24	Country 25	2ip		30	untry	'	8. This corporate Florida Statut	ion has liability for	intangible Yes		i. 19 9.032,	
<u></u>	9. Name and Address of Cu		Agent	1001	T			ddress of New Re				
WEL	Ker, Robert F.				81	Name)					
	303, NCNB BANK BLDG.				82	Street	Address (P.O. Box Numb	er is Not Acceptal	ole)			
	N. 56TH ST.				-	ļ	·					
IEMI	PLE TERRACE FL 33617				83							
					84	City			FL	85 Zip	Code	
SIGNATURE.			able. (NO	TE Registe	red Age		re required when reinstating)	HANGES TO OFFI	DATE	DIRECTO	RS IN 12	
TOUF	PDS Welker, Robert F.		DELETE	•	TITLE					Change	Addition	
NAME STREET ADDRESS	9385 N. 56TH ST., S-303				NAME STREET	ADDRESS						
C-TY - ST - ZIP	TEMPLE TERRACE FL				CITY-S							
TITLE	1		DELETE		TITLE					☐ Change	Addition	
NAME	WELKER, ROBERT F.			2.2	NAME							
STREET ADDRESS	9385 N. 56TH ST., S-303 TEMPLE TERRACE FL			1		ADDRESS						
CITY-ST-ZIP TITLE	TEMPLE TENIVOE PL		DELETE		CITY-:	ST-ZIP		·		Change	Addition	
NAME			☐ Otterit	- 2	NAME					CT Omnigo	L. House	
STREET ADORESS						'ADDRESS						
City-St-7₽				3.4.	CITY-	ST-ZIP				*****		
1/JUE			DELETE	1	TITLE	-				Change	Addition	
NAME					NAME							
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP TITLE			DELETE		CITY-S TITLE	1-ZIP				Change	Addition	
NAME				•	NAME							
STREET ADDRESS						ADDRESS						
C(17+S1+7)P					CITY-5							
11 ⁷ (F			DELETE	6.1	TITLE					Change	Addition	
NAME				6.2	NAME							
STREET ADDRESS						ADDRESS						
CITY - ST - ZIP				6.4	CITY - S	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 13 if changed, or on an attachment with an oddress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

yner Prione # **Massic**