## 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 # 189722

(2)

**TIDES ADMIRAL CORPORATION** 

## FILED May 02 1997 8:00am Secretary of State

.,					
Principal Place of Business		Mailing Address			BYBAL BIBH GIBIF BIBH BABA BABA BABA
9 WEST 9TH STREET TULSA OK 74101 US		9 WEST 9TH STREET PO BOX 1379 TULSA OK 74101-1379 US			
				3. Date Incorporated or Qualified 12/22/1955	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-6068179	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	SB.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Oountry	Trust Fund Contribution	Added to Fees
Zip	· · · · · · · · · · · · · · · · · · ·	Zip	30	8. This corporation has liability for Florida Statutes	Intangible tax under s. 199.032,  Yes  No
24	25 9. Name and Address of Curren		30	10. Name and Address of New Re	
MOC	DRE, TUCKER		81 Name		<u></u>
	XX GULF BLVD.		20 0000	Address (D.O. Des North State Accorded	
	EDINGTON BEACH FL 33708		82 Street /	Address (P.O. Box Number is Not Acceptal	rard North
14. 11	EDITOTON DEADTHE CO.		83	CALL CALL CONTO	
			24 0		7-0-4-
			84 Gity	h Redington Beach	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above named	corporation submits this statement for the i	ourpose of changing its registered
office or r	egistered agent, or both, in the State om familiar with, and accept the obliga-	of Florida, Such change was a	athorized by the corp	poration's board of directors. I hereby acce	pt the appointment as registered
	in igninal with the accept the oblige	3110/13 01, 00011011 007.0000, 110	inda dialoloo.		
SIGNATURE	Signature, typed or printed name of registered age	of and tric if applicable (NOTE	Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PST	☐ DELETE	1.1 TITLE		Change Addition
NAME	MOORE, C T		1.2 NAME		
STREET ADDRESS	16700 GULF BLVD.	43	1,3 STREET ADORESS	173 Bath Club Boulev	vard North
CITY-ST-ZIP	N. REDINGTON BEACH FL		1,4 C(TY-ST-ZIP	North Redington Bea	ich, FL 33738
TITLE	8	☐ DELETE	2.1 TITLE	<b>)</b>	Change  Addition
NAME	CARTWRIGHT, JAY		2,2 NAME	- But min Post	4
STREET ADDRESS	9 WEST 9TH STREET		2.3 STREET ADDRESS	5314 Palomino Roas	^
CITY-ST-ZIP	TULSA OK		2, 4 CITY - ST - ZIP	Phoenix, AZ 8501	
TITLE	VD	☐ DELETE	3.1 1 11		Change Addition
NAME	CARTWRIGHT, MARY K		3,2 NAME		
STREET ADDRESS	5309 E PALOMINO RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	VD	☐ ptreit	41 TITLE		•
NAME	MOORE, MELISSA A		4. 2 NAME	1793 Bath Club Bou	levard North
STREET ADDRESS	16700 GULF BLVD		4,3 STREET ADDRESS	Harris Padicala Base	10 2313A
CITY-ST-ZIP	N. REDINGTON BEACH FL	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	North Redington Beac	Change Addition
TITLE					C onlings
NAME			5,2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5,4 CITY-ST-ZIP 61 TITLE		Change Addition
NAME		La Deterio	62 NAME		
			63 STP - T ADDRESS	ļ	
STREET ADDRESS					
CITY-ST-ZIP	by certify that the information supplied	d with this filing does not qualit	64 CI! - ST-ZIP fy for the exemption s	1 stated in Section 119.07(3)(i), Florida Statut	es. I further certify that the
information	on indicated on this annual report or s	supplemental annual report is to the receiver or trustee empow	rue and accurate and rered to execute this i	d that my signature shall have the same leg report as required by Chapter 607, Florida	ial effect as it made under oath: that