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PROF CORPOR. ANNUAL F



ILE NOW: FIL	ING FEE AFTE	R MAY 1 IS \$550.00	FILED			
PROFIT RPORATION UAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	May 12 1997 8:00am Secretary of State			

DOCUI 1. Corporat of TECO, I		2 (6)		<u> </u>				
Principal Plac 1033 N.E. 44TI FORT LAUDER		Mailing Address 1033 N.E. 44TH STREET FORT LAUDERDALE FL 33334-3821				ibi: 01411 Q10 11		
					 Date Incorporated or Qualified 12/04/1965 		te of Last Re 26/1996	pport
	lace of Business	2a. Mailing Address			4. FEI Number			plied For
Suite, Apt	#. etc	Suite, Apt #, etc.			59-0935952		\$8.75 A	t Applicable
22		27			5. Certificate of Status Desired		Fee Re	
City & Stat	0	City & State			6. Election Campaign Financing		\$5.00	
23 Z(p)	Country	28	Countr		Trust Fund Contribution		Added t	
24	25	29	30	y	This corporation has liability for Florida Statutes	Intangible Yes		199.032,
	9. Name and Address of Curre		1001		10. Name and Address of New R			+
188 WE	A, CARROLL Y, JR. O N CONGRESS AVENUE ST PALM BEACH FL 33341	02 and 607 1508 Florida Sta	81 82 63 84	Street Add City	ress (P.O. Box Number is Not Accepta	FL purpose of	85 Zip (s registered
office or r agent. La SIGNATURE.	registered agent, or both, in the State im familiar with, and accept the oblig Shy above, typed or protect name of registered ag	e of Florida Such change wa lations of, Section 607.0505,	s authorized b Florida Statute	y the corpora	tion's board of directors. I hereby acce	pt the app	ointment as	registered
12.		ID DIRECTORS	13.	Jen signature rego	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
TIME	PST	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	PUIA, CARROLL Y, JR.		1.2 NAME	i				
STREET ADDRESS	1880 N. CONGRESS AVE WEST PALM BEACH FL			T ADDRESS]
City - St - 7/P	VID	DELETE	1.4 CITY- 2.1 TITLE			······································	Change	Addition
NAME	PUIA, CARROLL Y, JR		2.2 NAME					
STREET ADORESS	1880 N CONGRESS AVE		23 STREE	T ADDRESS				[
CITY-S1-20	W PALM BEACH, FL 00000	**************************************	2 4 CITY					
TITLE		DELETE	31 TITLE		•		Change	Addition
NAMI CYNY CLAROLL CC			3.2 NAME		y are	•		
STREET ADDRESS			3.4. CITY	T ADURESS				
TITLE	h., p., r.	DELETE	4.1 TiTLE				Change	noilibbA 🔲
NAME			4.2 NAM	E				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CHY-S1-2P			4.4 CITY -	ST-ZIP	······································	·····	<u></u>	
MITE		☐ DELETE	5.1 TITLE		1 *		Change	Addition
HAME			5.2 NAME		1. 1			
STREET ADDRESS				T ADDRESS				1
DITY-ST-70°		DELETE	5.4 CITY- 6.1 TITLE				Change	Addition
NAME		First percet	6.2 NAME				-1 custific	Fidulion
STREET ADDRESS	}			T ADDRESS				1
Cify-S1-ZiP			6.4 CHY-					

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 12 or Block 13 if changed, or on an attantion with an address.

SIGNATURE:

LH KARROLL 4