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**

	VENUE	Mailing Address 405 PATRICIA AVENUE DUNEDIN FL 34698-7812			
DUNEDIN FL 34	O30-7812	DOMEDIN LE 24080-1015			20 Delevilled December
				3. Date Incorporated or Qualified 02/10/1960	3a. Date of Last Report 01/24/1996
2. Principa' Place of Business		2a. Mailing Address		4. FEI Number 59-0906690	Applied For Not Applicable
Suite Apt. #. etc 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25	29 3	30	Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent
	SMITH, ROBERT R			ELEN W. 5MI	TH
159 BUENA VISTA DR		82 Street Addre		ess (P.O. Box Number is Not Acceptable) 9 BKENA V(5TA DR.	
DUN	EDIN FL		83	or bucker VIS	111 D K.
			84 City_	NEDIN	85 Zip Code
	the second Country CO 7 OF	00 and 007 4F00 Florid- Othlys		DINEDIN orporation submits this statement for the	FL 34698
SIGNATURE	Signature Types for printing nature of registers of ac	per and tile if applicable (NOTE	Registered Agent signature re-	· · · ·	DATE .
12. HTLE	PD OFFICERS AN	VD DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	SMITH, ROBERT R	Anan		War and W SMITH	
STREET ADDRESS	159 BUENA VISTA DR		1.3 STREET ADDRESS	159 BUGNA VISI	4 DR
CHY-SI-7IP	DUNEDIN FL	The state of the s		DUNEDIN, FL 3	34698
TITLE	- 's Smith,Helen W	☐ DELETE	2.1 TITLE	VICE PRES. COTTON W.SMI	☐ Change ☐ Addition
NAME STREET ADDRESS	159 BUENA VISTA DR			2221 BUENA VIS	
CITY - ST - ZIP	DUNEDIN FL			CLEARWATER, PL	
FITLE		DELETE	3 1 TITLE	SECRETARY	☐ Change ☑ Addition
NAME				TRACEYS, 5MITH	
STREET ADDRESS			3 3 STREET ADDRESS	25 PINGWOOD	167
CITY-SI-ZI-ZI-ZI-ZII-ZII-ZII-ZII-ZII-ZII-ZII		DELETE	34. CITY+ST-ZIP 41 TITLE	PALM HARBOR,	Change Addition
NAME		Second to be to the Car	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-7P			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
HAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CHY-ST-Z0: TITLE	The second secon	DELETE	5.4 CITY - ST - ZIP 6.1 THILE		Change Add-tion
NAME		E DECERT	6.2 NAME		First Granition First vide (1011
STREET ADORESS			6.3 STREET ADDRESS		
City-ST-2IP		•	6.4 CITY - S1 - ZIP		
14. I do herel	by cortify that the information supplied	ed with this filing does not qualify	for the exemption sta	ted in Section 119.07(3)(i). Florida Statu	tes. I further certify that the
informatio Lam an o	ri indicated on this annual report or	supplemental armual report is true or the receiver or trustee empowe	ue and accurate and the pred to execute this rep	ted in Section 119.07(3)(i). Florida Statu hat my signature shall have the same leg port as required by Chapter 607, Florida	gal effect as if made under oath: I

FILED

Mar 05 1997 8:00am

Secretary of State