FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



| PROFIT CORPORATION ANNUAL REPORT 1997 | | Sandra B. Secretary | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | May 09 1997 8:00am Secretary of State | | | | |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------|--------------------------------------------------------|------------------|------------|-----------------------------|---------------|
| | MENT # 278269 VESTMENT CORP. | 9 (6) | | | | | | | | |
| Principal Place of Business 330 S. PINEAPPLE AVE #108 P O BOX 4136 SARASOTA FL 34230-1136 | | Mailing Address 330 S. PINEAPPLE AVE., #106 P O BOX 4136 SARASOTA FL 34230-4136 | | 3 | Date Incorporated or Qualified | | e of Last R | | ן | |
| 6 Proposit | Nace of Designer | So Mailes Address | ···· | · · · · · · · · · · · · · · · · · · · | | 02/06/1964 FEI Number | 02/0 | 2/1996 | | |
| 2. FTMC(pa) F | Place of Business | 26. Mailing Address | 2a. Mailing Address | | | 59-1059877 | | <u> </u> | oplied For ot Applicable | 1 |
| Suite: Apt | #, otc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | Certificate of Status Desired | | \$8.75 | Additional | 1 |
| City & Stat | le | City & State | ···- | | - | Election Campaign Financing | | | equired May Be | 1 |
| 23 | | 28 | | | | Trust Fund Contribution | | | to Fees | 1 |
| Ζιρ 24] | Country 25 | Zip 29 | Count | try | 8 | This corporation has liability for Florida Statutes | intangible t | | . 199.032, | |
| | 9. Name and Address of Curr | | | | 10 | Name and Address of New R | | | | 1 |
| | SON, SAM | | 8 | 1 Name | | | | | | |
| 1625 S. LODGE DRIVE SARASOTA FL 34239 | | | | 2 Street A | ddress (| P.O. Box Number is Not Accepta | ble) | | | 1 |
| อกก | MOUIN FL 04208 | | ē | 3 | | | | | | 1 |
| | | | 8 | 4 City | | | | 85 Zip | Code | 1 |
| 11 Pursuant | to the provisions of Sections 607.05 | 502 and 607 1508. Florida Statute | s the abo | ve-named | corporatio | on submits this statement for the | Purpose of | changing I | ts registered | $\frac{1}{2}$ |
| office or lagent 1 a | registered agent, or both, in the Sta am familiar with, and accept the obt | ite of Florida. Such change was au igations of, Section 607,0505, Flor | uthorized rida Statul | by the corp | oration's | board of directors. I hereby acce | pt the appo | intment as | registered | |
| SIGNATURE | | | | | | | | | | |
| 12. | gradure, typed or printed name of registered agent and tille if applicable. (NOTE R OFFICERS AND DIRECTORS | | Registered A | Registered Agent & gnature required | | in reinstating) ADDITIONS/CHANGES TO OFFI | DATE CERS AND | DIRECTOR | RS IN 12 | 16 |
| THE THE TANK | PD | DELETE | 1.1 TITL | [| | | | Change | Addition | 96/6 |
| NAME | IDELSON,SAM A | | 1.2 NAM | E Ì | | | | | | |
| STREET ADDRESS | 1625 S. LODGE DRIVE | | 1 | ET ADDRESS | | | | | | R2E034 |
| CHTY - ST - ZIP TITLE | SARASOTA FL D | DELETE | 2.1 TITLE | -ST-ZIP | | | | Change | Addition | 15 |
| NAME | IDELSON, DORIS | | 2.2 NAM | | | | ' | | | |
| STREET ADDRESS | 1625 S. LODGE DRIVE | | 2.3 STRE | ET ADDRESS | | | | | | |
| CHY-SI-ZIF | SARASOTA FL | PETE | | r-st-zip | | · · · · · · · · · · · · · · · · · · · | | | T A CORNE | - |
| TITLE | ST Idelson, Charles | DELETE | 3.1 TiTL | i | | | | Change | Addition | |
| NAME STREET ADDRESS | 1625 S. LODGE DRIVE | | 3.2 NAM | ET ADDRESS | | | | | | |
| CITY - ST - 7/P | SARASOTA FL | | 1 | r-ST-ZIP | | | | | | |
| ₹ 1L€ | D | ☐ DELET€ | 4 1 TITLI | | | | | Change | Addition | 1 |
| NAME | WEINBERG, MIMI | | 4. 2 NAN | | | | | | | |
| STHEET ADDRESS | 1625 S. LODGE DRIVE | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | SARASOTA FL D | ☐ DELETE | 4.4 CITY 5.1 TITLE | -ST-ZIP | | | | Change | Addition | 1 |
| NAME | ALTERMAN, RACHEL M. | | 5.2 NAM | | | | | | | |
| STREET ADDRESS | 195 COLEWOOD WAY | | 5.3 STAE | ET ADDRESS | | | | | | |
| City-St-ZiP | ATLANTA GA | | | -ST-ZIP | | | | | — | 1 |
| TITLE | | ☐ DÉLETE | 6.1 TITE | - 1 | | | | Change | Addition | |
| NAME STREET ADDRESS | | | 6.2 NAM | ET ADDRESS | | | | | | |
| DIME MOUNTAG | | | 5 4 5 7 14 | | | | | | | 1 |

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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

4-30-97

Daytime Phone #

FILED