## 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

	MENT # 303607 TRIBUTION, INC.	(6)			
502 E. BRIDGERS AVE. 502		Mailing Address 502 E. Bridgers ave. Auburndale FL 338234	9721	) 188106 1944 80406 11176 8194 <b>80</b> 441 7881	BIBIL BIBIL BIBIL BIBIL BIBIL BIBIL IBBI
				<ol> <li>Date Incorporated or Qualified 03/30/1966</li> </ol>	3a. Date of Last Report 05/01/1996
2. Fracipal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
26       26			59-1147383	Not Applicable \$8.75 Additional	
22	7, 505	27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b>	Country	<b>28</b> Zip	Country	Trust Fund Contribution  8. This corporation has liability for	Added to Fees
24	25]	29	30		Yes No
	9. Name and Address of Currer	nt Registered Agent	Tast N	10. Name and Address of New Ro	egistered Agent
	OBS, MILTON E		81 Name		
502 E. BRIDGERS AVE AUBURNDALE FL 33823			82 Street A	ddress (P.O. Box Number is Not Accepta	ble)
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OTHEDALL I L 00020		83		
			84 City		85 Zip Code
d Dominion	to the produces of Coctons 607 866	12 and 607 1506 Florida Stat		corporation submits this statement for the	<u> </u>
office or s	registered agent, or both, in the State am familiar with, and accept the obliq	of Florida. Such change wa	s authorized by the corpo	pration's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	antianical will, and accept the doing	andria or, decision dov. 6363,	ionda bialolos.		
	Signature 14 4 discrete diamental registra diagnostica con a consequence of conse		OTE: Registered Agent signature re	·	DATE
12.	OFFICERS AN	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change Addition
NAME	BOSTICK, GUY		1.2 NAME		_ • -
STREET ADORESS	502 E. BRIDGERS AVE.		1.3 STREET ADDRESS		
C/TY - \$1 - 7/0°	AUBURNDALE FL		1.4 CITY-ST-ZIP		
THLE NAME	VP Brinkman <del>, Rober</del> t	DELETE	2 1 TITLE 2 2 NAME		Change Addition
STREET ADDRESS	502 E. BRIDGERS AVE.		2 3 STREET ADORESS		
CITY: ST: ZF!	AUBURNDALE FL.		2 4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3 1 TITLE		Change Addition
NAMI	JACOBS, MILTON 502 E. BRIDGERS AVE.		3 2 NAME		
STREET ADDRESS CITY-ST-ZIP	AUBURNDALE FL		3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
11111	EVD	DELETE	4.1 TITLE		Change Addition
NAME	BOSTICK, MARK		4. 2 NAME		
STREET ADDRESS	502 E. BRIDGERS AVE.		4.3 STREET ADDRESS		
CHTY-ST-7H	AUBURNDALE FL P	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME	KONICEK, KAREL	- percit	5.2 NAME		in a sange in a sautent
STREET ADDRESS	502 E. BRIDGERS AVE.		5.3 STREET ADDRESS		
City-St-7iP	AUBURNDALE FL		5 4 CITY- ST-7IP		
TITLE	S DEADY BILLY D	☐ DELFTE	6.1 TITLE		Change Addition
NAME STREET ADDRESS	READY, BILLY R 502 E. BRIDGERS AVE.		6.2 NAME 6.3 STREET ADDRESS		
CITY - ST - ZIP	AUBURNDALE FL		6.4 CITY-ST-ZIP		
L	<u></u>				

14. I do nereby certily 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 charged, it on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRICT

R, Realy 2 - 4-97 941-967-11

**FILED** 

Mar 03 1997 8:00am

Secretary of State