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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

813 229 0151

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 358065

(1)

DEAN, REDMAN & PARKS, INC.

Principal Place of Business Mailing Address						-	{{\begin{aligned}	
119 WHITING STAMPA FL 3360	Т	119 WHITING ST TAMPA FL 33602						
						3. Date Incorporated or Qualified 01/15/1970	3a. Date of Last Re 02/27/1996	eport
2. Principal Pla	ace of Business	2a. Mailing Address		******	······································	4. FEI Number		plied For
21	MARKEN	26				59-1288131		t Applicable
Suite, Apt. 1 22		Suite, Apt. #, etc.	27			5. Certificate of Status Desired Fee Required		
City & State	!	City & State				6. Election Campaign Financing	\$5.00	
23 Zip	Country	28	Zip Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30				itangible tax under s. Yes 🔲 No	199.032,
<u> </u>	9. Name and Address of Curren	 	1001			10. Name and Address of New Reg		
DEAL	N,ROBERT JOHN			81	Name			
	WHITING ST			82	Stroot Addis	ess (P.O. Box Number is Not Acceptabl	٥١	
	PA FL 33602		62 Stree		Stieet Mount	ess (F.O. Box Number is Not Acceptable	a)	
******				83				
				84	City		FL 85 Zip C	Code
11. Pursuant t	a the provisions of Sections 607.050	2 and 607 1508. Florida Stati	ites the at	hove	-named corp	oration submits this statement for the pu		s registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Etorida, Such change was	authoriza	d by	the cornorati	ion's board of directors. I hereby accep	the appointment as	registered
_	п затинат with, and ассерт тле obliga	mons of, Section 607.0505, F	ionda Stat	utes				
SIGNATURE	Stgnature, types or printed name of registered age:	rt and title if applicable. (NO	TE: Registere	d Ager	nt signature require	ed when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 12
TITLE	PD DELETE		1.1 70	1.1 TITLE			Change	Addition
NAME	DEAN,ROBERT JOHN		1.2 N/	AME				1
STREET ADDRESS	119 WHITING ST.		1.3 STREET ADDRESS		ADDRESS			
CITY - ST - 7IP	TAMPA FL			1.4 CITY-ST-ZIP				
TITLE.	VD	L DELETE	2.1 TITLE				L) Change	Addition
NAME	REDMAN,RICHARD L		2.2 N	2.2 NAME				
STREET ADDRESS	119 WHITING ST.		2.3 \$1	2.3 STREET ADDRESS				
City - ST - ZIP	TAMPA FL	DEFETE	2. 4 CI		T-ZIP	* 1	Change	6 et dillion
TITLE	STT DELETE			3.1 TITLE 3.2 NAME			L. Change	Addition
NAME CZOKU A ADGOGO	PARKS, JAMES 119 WHITING ST.				1000000			
STREET ADDRESS	TAMPA FL				ADDRESS			
CITY-ST-ZIP TITLE	IAMFA FL	DELETE	3.4. CIT 4.1 TITL		1-ZIP		Change	Addition
NAME		hand vector	4.2 N				ent country	
STREET ADDRESS					ADORESS			
CITY-ST-ZIP				TY-ST				
TITLE		DELETE	5.1 Ti				Change	Addition
NAME			5.2 N/	AME				
STREET ADDRESS			5.3 \$1	rreet /	ADDRESS			
CITY+ST-ZIP			5.4 CI	TY-ST	r-21P			
TITLE		DELETE	6.1 Ti	TLE			☐ Change	Addition
NAME			6.2 N/	AME				
STREET ADDRESS			6.3 \$1	reet a	ADDRESS			
CITY - ST - ZIP	AND MANUEL FURNICES IN THE RESERVENCE AND A THE RESERVENCE AND A SERVENCE AND A SERVENCE AND A SERVENCE AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASSESSME			TY-51				
14. I do hereb	ly certify that the information supplied in indicated on this annual report or s	d with this filing does not qua	lify for the	exer	nption stated	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal	I further certify that the	the der path, that
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.								