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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

364270

(9)

JOSEPH SANCHEZ, INC.

FILED Apr 28 1997 8:00am Secretary of State



	40						
Principal Place of Business Mailing Address \$201 TAMPA BAY BLVD \$201 TAMPA BAY BLVD					f (BEIde titth batte gegeg tibal iEE); metr bifelt driett diete diete gibts filbit rent		
3201 TAMPA B TAMPA FL 336	IAY BLVD 107	3201 TAMPA FL 33					
					3. Date Incorporated or Qualified 05/19/1970	3a. Date of Last Report 02/14/1996	
2. Principal Place of Business		2a. Mailing Ad	2a. Mailing Address		4. FEI Number	Applied For	
21		26			59-2169176	Not Applicable	
Sulte, Apt. #, etc.		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & Sta	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29		30		Florida Statutes Yes No		
	9. Name and Address of Cu	urrent Registered Ager	<u> </u>	 	10. Name and Address of New Re		
SANCHEZ, JOSEPH, JR				81 Name Roland R. Sanchez			
3201 TAMPA BAY BLVD				B2 Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33607				3201 Tampa Bay Blud.			
				83	,	ļ	
•				84 City	Tampa	FL 85 Zip Code 7	
11. Pursuant l office or re	to the provisions of Sections 607 egistered agent, or both, in the	2.0502 and 607.1508, Florida, Such ch	orida Statutes, the a	bove-named corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered	
agent, i at	(Mary)	~XX '	Roland T	2. Sanc	hez, Vice-President/T	eyun 4/18/95	
12.	Signature type of or printed name of registing	ed agent and title if applicable S AND DIRECTORS	(NOTE: Register	ed Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDS AND DIRECTORS IN 12	
TITLE	§		DELETE 111	THE	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	SANCHEZ, EUGENIA	ت		NAME			
STREET ADDRESS	AAAA MALINA MALA MILIM		,	TREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE	D DELETE					Change Addition	
NAME	PLIEGO, MAY ANN	-		IAME		_ • •	
STREET ADDRESS	1615 RIVERHILLS DR		1	STREET ADDRESS)	
CITY-ST-ZIP	TAMPA FL			CITY-S1-ZIP	·		
TITLE	٧f		DELETE 3.11			Change Addition	
NAME	SANCHEZ, ROLAND R.		3.2 6	IAME			
STREET ADDRESS	3201 TAMPA BAY BLVD		3.3 9	STREFT ADDRESS		ì	
CITY-ST-ZIP	TAMPA FL		3.4.	CHTY-ST-ZIP			
TITLE	Þ		DELETE 4.1 T	ITLE		Change Addition	
NAME	SANCHEZ, JOSEPH, JR		4.2	NAME		į	
STREET ADDRESS	3201 TAMPA BAY BLVD		4.35	STREE1 ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE			DELETE 5.13	TILE		Change Addition	
NAME			5.21	NAME		j	
STREET ADDRESS			535	STREET ADDRESS		ì	
CITY-ST-ZIP	······································			CITY-ST-ZIP			
TITLE			DELETE 6.1 Y	ITLE		Change Addition	
NAME			6.2)	IAME			
STREET ADDRESS			6.3 9	STREET ADDRESS			
CITY-ST-ZIP			6.4 (CiTY - ST - ZiP			

I do hereby certify that the information supplied with this filling 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 open the corporation with an address.