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

CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1834 14TH STREET WEST | |
|---|--|
| Principal Place of Business Mailing Address 1834 14TH STREET WEST BRADENTON FL 34205 3. Date In O9/11 | 01011 00101 10194 04101 04183 0161 84011 01814 01014 948# 94011 01011 4001 |
| BRADENTON FL 34205 BRADENTON FL 34205-7135 3. Date in 09/11, | |
| 09/11/ | |
| | ncorporated or Qualified 3a. Date of Last Report 05/10/1998 |
| | mber Applied For |
| 26 59-1 Suite, Apt. #, etc. Suite, Apt. #, etc. | 417882 Not Applicable \$8.75 Additional |
| 22 27 5. Certific | eate of Status Desired Fee Required |
| 00.00.4 | n Campaign Financing \$5.00 May Be |
| | und Contribution |
| | prporation has liability for intangible tax under s. 199.032, |
| | Statutes Yes No |
| PEREZ, DANIEL B. 81 Name | |
| 4404 ADD AVE P | Number is Not Acceptable) |
| BRADENTON FL 34208 | |
| 83 | |
| 84 City | FL 85 Zip Code |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or pented name of registered agent and bite it applicable. [NOTE: Registered Agent signature required when reinstaling | DATÉ |
| | DNS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| THE ST DELETE 1.1 TITLE NAME PEREZ, MARGARET 12 NAME | Change Addition |
| NAME PEREZ, MARGARET 12 NAME STREET ADDRESS 5012-9TH ST CT. E 1.3 STREET ADDRESS | [8] |
| CITY-SI-ZIP BRADENTON FL 34203 | L |
| TITLE P DELETE 2.1 TITLE | Change Addition |
| NAME PEREZ, DANIEL B. 22 NAME | |
| STREET ADDRESS 4424-3RD AVE. E. 2.3 STREET ADDRESS | |
| CHY-ST-ZIF BRADENTON FL 34208 2.4 CHY-ST-ZIP | To Change To Define |
| TITLE DELETE 3.1 TITLE NAME 3.2 NAME | Change L Addition |
| STREET ADDRESS 3.3 STREET ADDRESS | } |
| CITY-ST-ZIP | |
| THE DELETE 4.1 TITLE | Change Addition |
| NAME 4.2 NAME | |
| STHEET ADDRESS 4.3 STREET ADDRESS | |
| CITY-ST-ZIP 44 CITY-ST-ZIP | |
| TITLE DELETE 5.1 TITLE | Change (_) Addition |
| NAME 52 NAME | |
| STREET ADDRESS 5.3 STREET ADDRESS | |
| CH1-56-70 | Change Addition |
| CITY - ST - ZIP | Change C Addition (|
| | Charge C Addition |

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. Annaged, or on an attachment with an address.