## 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

1. Corporation Name 1. Cor						
				3. Date Incorporated or Qualified 08/21/1973	3a. Date of Last Re 04/30/1996	eport
2. Principal l	Place of Business	2a. Mailing Address		4, FEI Number		plied For
1	adanian sasa sa 114 sa sa sasayayeeedassadan ayyeee dhadan sasayeeda badabaa dhadaa sasaya	26	-,, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	59-1498843	<del></del>	t Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 /	
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00	<del></del>
3		28		Trust Fund Contribution	Added t	
Zip <b>4</b> 1	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes	oriptangible tax under s. ☑ Yes ☐ No	. 199.032,
	g, Name and Address of Curr			10, Name and Address of New F		
	RMIN, GARY P.		81 Name			
14077 63RD WAY NORTH			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
CL	EARWATER FL 34620		83			
				·		
			84 City		FL 85 Zip (	Code
CONTRACTOR STATE		nganone on boatton bor locable	Florida Statutes.	ation's board of directors. I hereby acc	,	
SIGNATURE.	Signature, typics or purified name of registered of OFFICERS A	agent and life if applicable (N AND DIRECTORS	DTE: Registered Agent algosture requ		DATE FICERS AND DIRECTOR	IS IN 12
	Styriature: typicd or printed name of registered of OFFICERS A	agent and trie if applicable (N	OTE: Registered Agent algriature requ	uired when reinalating)	DATE	
E. LF .ME	Styristure, typica or priviled name of registered.  OFFICERS A  PD  GORMIN, RUTH L	agent and life if applicable (N AND DIRECTORS	OTE: Registered Agent signature requirements of the state	uired when reinalating)	DATE FICERS AND DIRECTOR	IS IN 12
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LE ME HEELADDESS Y-ST-ZIP LE ME REELADDRESS Y-ST-ZIP LE ME ME ME ME ME	PD GORMIN, RUTH L 855 BAYWAY BLVD #301 CLEARWATER BCH, FL 0000 TD FOURES, MARY ANN 7032 PELICAN BAY BLVD #1 NAPLES FL SD GORMIN, GARY P	egent and trie if applicable (NAND DIRECTORS DELETE  DELETE  DELETE  DELETE  DELETE	DTE: Registered Agent algosture required.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	uired when reinalating)	DATE FICERS AND DIRECTOR Change Change	S IN 12 Addition Addition
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I have the copy county that the information supplied with this ining does not qualify for the exemption stated in Section 118.07(3)(I), Fibrida Statutes. 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 logal effect as if made under oath; that I am an officer or director of the corporation or the ecceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or or an attachment with an address.

SIGNATURE:

**FILED** 

May 16 1997 8:00am

Secretary of State