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

PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 453687

(6)

FILED

97 MAY 15 PH 2: 50

SECRETABY DE STATE

Principal Plac	ATERS AVENUE	Mailing Address * EDWARD A. ROSEMAN 4244 WEST WATERS AVEN TAMPA FL 33614-1929	UE ;	TALLAHASSEE, FLORI	DA Harring dan dan dan dan dan
				 Date Incorporated or Qualified 05/27/1974 	3a. Date of Last Report 04/26/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FET Number	Applied For
21		26		59-1559395	Not Applicable
Sulte, Apt. 22		Suite, Apt. #, etc.	:	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	r intangible tax under s. 199.032,
24	9. Name and Address of Curre		30	Florida Statutes 10. Name and Address of New R	Yes No
DOG	SEMAN, EDWARD A.	ult uadistated whatit	81 Name	to. Name and Address of New N	egistered Agent
4244 WEST WATERS AVENUE TAMPA FL 33814			83	ress (P.O. Box Number is NoI Accepte	,
			84 City		FL 85 Zip Code
11. Pursuant office or agent. I a SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obligion.	.02 and 607.1508, Florida Statut te of Florida. Such change was a gations of, Section 607.0505, Flo	es, the above-named corputation and the corpora indicate statutes.	poration submits this statement for the tion's board of directors. I hereby acception's	purpose of changing its registered ept the appointment as registered
· · · · · · · · · · · · · · · · · · ·	Signature, lyped or printed name of registered ac		Registered Agent signature requi		DATE
12.	OFFICERS AT	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	
TITLE NAME	ROSEMAN, EDWARD A	L. J VILLETE	1 2 NAME	600002	184516 Addition
STREET ADDRESS	A S A S A S A S A S A S A S A S A S A S		1.3 STREET ADDRESS	-05/20	184516-3 /97-01016-016 50.00 ****550.00
CITY-SY-ZIP	TAMPA, FL 00000		1.4 CITY - S1 - ZIP	****	58,88 ****550.00
TITLE	PV	☐ DELETE	2.1 TOLE		Change Addition
NAME	ROSEMAN, EDWARD A		2.2 NAME		
STREET ADDRESS	4244 W WATERS AVE		23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		2 4 CITY-S1-7IP		
TALE		☐ DELETE	31111111		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP		DELE 1E	3 4 CHY-ST-ZIP 4 1 IIILE		Change Addition
TiVLE					Change Addition
NAME CTOCET ADDOCCO	,		4 2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRESS		}
CITY-ST-ZIP TITLE		☐ DELETE	4.4 DITY+S1+7IP 5.1 TITLE		Change Addition
NAME			5.2 NAME		C change C validation
	\				\
STREET ADDRESS	1		5.3 \$TREFT ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CITY-ST-ZIP 61 TILE		Change Addition
NAME	1	L bett	6.2 NAME		E Gridings E Addition
STREET ADDRESS					Uhr-110-9
STREET BLANCESS	•		6.3 \$TREET ADDRESS		

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 eath, that I am an officer or director of the corporation or the receiver or frustee 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.

612-651 3-733