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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 483300

(0)

FILED May 14 1997 8:00am Secretary of State

2963 GULF TO SUITE 21	Ce of Business D BAY BLYD.	Mailing Address 2983 GULF TO 8 SUITE 21 CLEARWATER FO	BAY BLVD.)		3. Date Incorporated or Qualified 08/22/1975	Sa. Da	ite of Last	Report
2. Principal I	Place of Business	2a. Mailing Add	ress			4. FEI Number	00/		Applied For
1		26				59-1617940			Not Applicable
Suite, Apt	#, etc	Suite, Apt. #	, etc.			5. Certificate of Status Desired			Additional
City & Sta	to .	27 City & State							Required
3	uc.	28				Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zιp	Country	Zφ		Country		8. This corporation has liability for	Intangible		
4	25	29	3	0			Yes [
	g. Name and Address of Curr	rent Registered Agent		81	Name	10. Name and Address of New R	egistered /	Agent	
	PSI, GARY J								· · · · · · · · · · · · · · · · · · ·
	205 91ST AVE N MINOLE FL 34642			82	Street Add	fress (P.O. Box Number is Not Accepta	ble)		
OLI	MINIOUL I C OTOTE			83			· · · · · · · · · · · · · · · · · ·		
				84	City			85 Zir	p Code
							FL	1 '	
		nganor o on como no o	'.0505, Florid	da Statutes	S.	poration submits this statement for the ation's board of directors. I hereby acce			
12.	Signature, typed or per-led name of registered of OFFICERS A	agent and title if applicable				ulred when re-installing) ADDITIONS/CHANGES TO OFFI	DATE		DRS IN 12
SIGNATURE 12. UTLE VAME STREET ADDRESS	OFFICERS A P SEPSI, GARY J.	agent and title if applicable	(NOTE: \$	Registered Age	eni signature requ	ulred when reinstaling)	DATE	DIRECTO	DRS IN 12
IZ. UTLE NAME	OFFICERS A P SEPSI, GARY J.	agent and title if applicable	(NOTE: \$	Hegistered Age 13, 1,1 TITLE 1.2 NAME	ent signature requ	ulred when reinstaling)	DATE	DIRECTO	DRS IN 12
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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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-9/ 791 7916