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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

FILED

Mar 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 505594

(2)

Principal Place of Business 1243 LAKEVIEW ROAD CLEARWATER FL 34618	Mailing Address 1243 LAKEVIEW ROAD CLEARWATER FL 34618-3	3587		
			Date Incorporated or Qualified 06/21/1976	3a. Date of Last Report 07/29/1996
2. Principal Place of Business	26. Mailing Address		4. FEI Number	Applied For
21	26		59-2033746	Not Applica
Suite, Apt. #, etc 22	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5,00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for	
25 25 9. Name and Address of Cur	[29]	[30]	Florida Statutes 10, Name and Address of New R	Yes INO
LECHNER, BERNARD J	Tent negistered Agent	81 Name	10, Hame and Address of New Fr	ledistaten våetti
1243 LAKEVIEW ROAD		82 Street Add	(D.O. Court II and as in Not Assessed	
CLEARWATER FL 34816		52 Street Add	ldress (P.O. Box Number is Not Acceptable)	
		83		
		84 City		85 Zip Code
				FL I
 Pursuant to the previsions of Sections 607.1 office or registered agent or both, in the St 	0502 and 607.1508, Florida Statutale of Florida. Such change was	ules, the above-named cors authorized by the corpora	poration submits this statement for the ation's board of directors. I hereby according to the control of the co	ept the appointment as registere
11. Pursuant to the previsions of Sections 697.6 office or registered agent of bein, in the Stagent Tam fare-har with any accept the of SIGNATURE 12. OFFICERS OFFICERS	d agent and title if applicable. (NC	DTE. Registered Agent signature requ	ured when reins(ating)	DAYE / 9 /
SIGNATURE Signature guided or printed name of registered			<	DAYE / 9 /
SIGNATURE 51	diagent and title if approable. (NC AND DIRECTORS	DTE Registered Agent signature requ	ured when reins(ating)	DAYE / JOHN TO DIRECTORS IN 12
SIGNATURE 516 as yeard or printed name of registered 12. OFFICERS TICLE PO REEVES, LEONARD F 95 YOUNG STREET	d agree and the diappropriet. (NO AND DIRECTORS DELETE	13.	ured when reins(ating)	DAYE / JOHN TO DIRECTORS IN 12
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