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

DOCUMENT # 517180

(6)

Principal Place 1961 HAWAII AN ST. PETERSBUR	venue n.e.	MAIling Address 1961 HAWAII AVENUE N.E ST. PETERSBURG FL 337		3. Date Incorporated or Qualified	3a. Date of Last Report
				10/25/1976	04/25/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1703547	Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	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	B. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	30	Florida Statutes 10. Name and Address of New Re	Yes No
ALIN	9. Name and Address of Curren	nt Hegistered Agent	81 Name	10. Name and Address of New No.	Distalen Agent
	issinger, William P. Jr. I Hawaii Avenue N.E.		1 - 1		
	PETERSBURG FL 33703		82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
01.1	Eletabolia i E adi da		B3		
			84 City		85 Zip Code
					FL
office or n agent La	to the provisions of Sections 607,050 egistured agent, or both, in the State in familiar with, and accept the oblights are specified agreement agr	of Florida. Such change was ations of, Section 607.0505, F	authorized by the corporati	Oration submits this statement for the p ion's board of directors. I hereby accep	of the appointment as registered
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
71111.E	PD	DELETE	1.1 TITLE		Change Addition
NAME	CHRISSINGER, WILLIAM P.		1.2 NAME		
STREET ADORESS	1961 HAWAII AVENUE N.E.		1.3 STREET ADDRESS		
CHTY-ST ZIF	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		Change Addition
THEE	SD Chrissinger, Gail A.	☐ DELETE	2.1 TITLE		. Cloudings Clawoniton
NAME.	1961 HAWAII AVENUE N.E.		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS	ST. PETERSBURG FL		2.3 STREET AUDINESS ;		
CITY ST-ZIP	~ 1 ~ 1 D 1 DD 1 PP 1 PP 1 PP 1 PP 1 PP	☐ DELETE	3 1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
City - St - ZiP	.,		3.4. CITY-ST-ZIP		T 41.
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZIP			5.4 CITY-ST-ZIP		
TILLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS		. ^	6.3 STREET ADDRESS		

SIGNATURE:

14. I do hereby certify that the information supplied wit information indicated on this annual report or supplied am an officer or director of the corporation of the appears in Block 12 or Block 13 if changed, or or

EQUIRED

s filing does intal annual

4/17/97 813-525-5484

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

FILED

Apr 23 1997 8:00am

Secretary of State