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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	NUAL REPORT	Secret	ary of State CORPORATIONS	Secreta	ary of State
1. Corpora	JMENT # 51972	5 (6)			ili angal akan akan akan ahan ahan ata
Principal Pu	race of Business	Mailing Address			
900 S. BAYWAY BLVD. #21 P.O. BOX 3351 CLEARWATER FL 34630-2659		800 S. BAYWAY BLVD. #21 P.O. BOX 3351 CLEARWATER FL 34630-8351			
				 Date Incorporated or Qualified 12/06/1976 	3a. Date of Last Report 03/07/1996
 Principal 	l Piace of Business	2a. Mailing Address		4. FEI Number 59-1705796	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Si	tale	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24]	Country 25	Zip	Country		or intangible tax under s. 199.032, Yes No
	9. Name and Address of Curr ALERICO, DAWN C.		81 Name	10. Name and Address of New F	
CI	I40 WINDING CREEK CIRCLE, SI LEARWATER FL 34621 and to the provisions of Sections 607.0		83 84 City C	LEARWATER	FL 85 Zip Code 9
agent SIGNATURI			aumorized by the corpor lorida Statutes. TE: Registered Agent signature rec	orporation submits this statement for the ration's board of directors. I hereby acc	DATE
12.		AND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE NAME	BARATELLI, JAY R.	L) DELEIE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRES	,		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ANNAPOLIS MD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	. <u></u>	Change Addition
NAME	TALERICO, DAWN		22 NAME		
STREET ADDRES	SS 2440-WINDING GREEK CIR- OLEARWATER FL	-		1692 ENTERPRISE I	
CITY-ST-7IP TITLE	PD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	LEARWATER, FL	Change Addition
NAME	BARATELLI, JACK G. 800 SO. BAYWAY BLVD.#21		3.2 NAME		
STREET ADDRES	CLEARWATER FL		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
THE		☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRES	ss		4.2 NAME 4.3 STREET ADDRESS		
C(1) - S1 - Z(P		T Deceve	4.4 CITY-ST-ZIP		August 12 and
TITLE NAME		[_] DELETE	5.1 TITLE 1. 5.2 NAME		Change Addition
STREET ADORES	ss		5.3 STREET ADDRESS		
CITY - ST - ZIF TITLE		DELETE	5 4 CHY-ST-ZIP 61 TITLE		Change Addition
NAMI		ביין טבנכונ	6.2 NAME		Fi Anange Li Ananan
STREET ADDRES	22		6.3 STREET ADDRESS		
0-1Y - ST - ZIP	ereby certify that the information supp	lied with this filing does not our	6.4 CITY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statu	ites. I further certify that the
informa	ation indicated on this annual report o	er supplemental annual report is	true and accurate and the wered to execute this rep ddress.	at my signature shall have the same te port as required by Chapter 607, Florida •	gal effect as if made under oath; tha
SIGNA	TURE: SHINATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICE	BARATE OR DIRECTOR	LLI	8/3 447-4069 Dayline Phone #

FILED

Apr 04 1997 8:00am