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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

May 12 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

141

EAST B	De of Basiness	Mailing Address 1472 JORDAN HILLS COUR CLEARWATER FL 34616-230			
-		••		Date Incorporated or Qualified 01/24/1977	3a. Date of Last Report 05/01/1996
2. Principal F	Race of Business	2a. Mailing Address 26		4. FEI Number 59-1725649	Applied For
Suite, Apt	#, etc	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22	1.	27	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	Fee Required
City & Stail	Wi	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 g. Name and Address of Current		30		∭ Yes □ No
I FN	IHARDT, PETER M.	magnetales Agent	81 Name	10. Halle bile Address of New P	redistated Walli
147	2 JORDAN HILLS COURT FARWATER FL 34616		82 Street Addr	ess (P.O. Box Number is Not Accepta	able)
			84 City		85 Zip Code
11. Pursuant office or i agent. La SIGNATURE	to the provisions of Sections 607,0502 registered agent, or both, in the State cam familiar with, and accept the obligating the state of the control of the state	ions of, Section 607.0505, Floi	 s. the above-named corporate ida Statutes. Registered Agent signature requirements 		purpose of changing its registered ept the appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
THLE	PD	DELÉTE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	LENHARDT, PETER M. 1472 JORDAN HILLS COURT CLEARWATER FL		1.2 NAME 1.3 STREET ADDRESS		
CHTY - ST - ZIF TITLE	ST	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	LENHARDT, HELEN K.		2.2 NAME		_ ,
STACET ADDRESS	1472 JORDAN HILLS COURT		2.3 STREET ADDRESS		
CITY - ST - 7IP TITEF	CLEARWATER FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	<u> </u>	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY \$1-20°			3 4. CITY-ST-ZIP	****	
T: TLE		☐ DELETE	41 THILE		☐ Change ☐ Addition
NAME STREET ADDRESS			4. 2 NAME		
			4 3 STREET ADDRESS		
CHY-ST-Z-P T-ILF		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		.—	5 2 NAME		
\$THEFT ADORESS			5.3 STREET ADDRESS		
City - St - ZiF		-	5.4 CiTY - ST - ZiP		
TiTLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	·		6.2 NAME		
STREET ADORESS	_		6.3 STREET ADDRESS		
CITY+ST-ZIP	by certify that the information supplied	with this trips done not as all	6.4 CITY-ST-ZIP	Lin Cootion 110 07/3/8) Electro Otalia	ton I further portify that the
informatio	by certify that the information supplied on indicated on this amount report or su there or director of their recustion or	pplemental annual report is tru	e and accorate and that	my signature shall have the same leg	gal effect as if made under oath; that

Peter M. Lenhardt 4/26/97