## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 547443

(2)

FILED
Sep 16 1997 8:00am
Secretary of State

Principal Place 4275 34 ST St P O BOX 330 ST PETERSBU	e of Business OUTH	Mailing Address 4275 34 ST SOUTH P O BOX 330 ST PETERSBURG FL 33711		DO NOT WRIT	E IN THIS SPACE  3a. Date of Last Report	
				09/15/1977	07/30/1996	
2. Principal P	Place of Business	2a. Mailing Address	1110	4. FEI Number	Applied For	
21 /DDC	p Enendly Way	26 1000 FRIEN	DIVHAYS	59-1773874	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	/ /	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
ST LEFT	sburg FI.	28 T Peter burg	FLA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
35 7/	25 Printry d/ AS	2033705	Pivellas	This corporation owes or has p     Personal Properly Tax due Juni	aid the current year Intangible	
	9. Name and Address of Curren	nt Registered Agent	1	10. Name and Address of New R		
SEG	BAL, MARTIN E., P.A.		81 Name			
A BURGALUNIC TRULED BYF APAA			82 Street Ad	treet Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33131			02 Stiest At	duress (1.0. box Number is Not Accepte	iole)	
			83			
			84 City		85 Zip Code	
					FL!!	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered age	and and title if applicable (NOTE: R	registered Agent signature re	quired when reinstating)	DATE	
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		Change	
NAME	BURKLEY, LLOYD		1.2 NAME	1. m. 5 - 1. 0 and 1/2	2.6	
STREET ADDRESS	4275 34 ST SOUTH		1.3 STREET ADDRESS	1000 Friendy WA	73006	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	1. Pekropung 17	. 22/00	
TITLE	VD	☐ DELETE	2 1 TITLE	•	Change	
NAME	SEGAL, MARTIN		2.2 NAME			
STREET ADDRESS	2899 COLLINS AVE, PH-K		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	MIAMI BEACH FL VD	DELETÉ	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition	
NAME	HUMPHREYS, ANDERSON	piccie	3.2 NAME		Li Shango Li Applitori	
STREET ADDRESS	4724 BARFIELD	į	3.3 STREET ADDRESS			
CITY-ST-ZIP	MEMPHIS TN		3.4. CITY-ST-ZIP			
TITLE	ST	DELETE			Change Addition	
NAME	BURKLEY, JUDY		4. 2 NAME	my Toise White la	· S	
STREET ADDRESS	4275 34 ST		4.3 STREET ADDRESS	000 PEIENDLY		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	Refers burg [	35 105	
TITLE		☐ DELETE	5.1 TITLE	000 FeiendyWa. Teekrsburg, Fil	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	<del></del>	T Belleve	5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		İ	
CITY-ST-ZIP		al side de la discondina de la constitución de la c	6.4 CITY-ST-ZIP	tod in Cooking 440 07/0/3 Elevide Ctotus	and for the control of the charles	

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 comporation 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 thanged, or on an attachment with an address.