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 # 550820

(5)

WARRANT "T", INC.

FILED Jan 28 1997 8:00am Secretary of State



D	I D. Communication		A dalar a s				4	<u> </u>				
Principal Place of Business Mailing Address									Aran alatt A	*** **** **** *	pre	
2068 68TH AVE SO 2068 68TH AVE SO ST PETERSBURG FL 33712-5815 ST PETERSBURG FL 3371.					5815							
							1	Date Incorporated or Qualified		ate of Last R 12/1996	leport	
2. Principal	l Place of Business	2s. Maili	ing Address				4.	FEI Number		Ar	oplied For	
21		26					<u> </u>	59-1772806			ot Applicable	
22	bt #, etc.	27				***************************************	5. Certificate of Status Desired				8.75 Additional Fee Required	
City & St 23	late	City	& State				1	Election Campaign Financing Trust Fund Contribution	П		May Be to Fees	
Zip	Country	Zip		Coun	iry		→	This corporation has liability for				
24	25	29		30	Ť		1		☐ Yes [. 100.0021	
	9. Name and Address of Cur		Agent	1991				Name and Address of New Re				
TR	OMPKE, RICHARD R.			1	31	Name						
	68 68TH AVE SOUTH			\ 	32	Street Addre	ess (P.	O. Box Number is Not Accepta	ble)			
ST	PETERSBURG FL 33712				33		,					
				'	84	City			FL	65 Zip	Code	
agent (int to the provisions of Sections 607.0 ir registered agent, or both, in the St I am familiar with land accept the ob- E. Signatur, typed or proted name of registered			TE Registered	_	nt signature require	od when	rainstating)	DATE			
12.	OFFICERS :	AND DIRECTOR		13.			^	ADDITIONS/CHANGES TO OFFI	CERS AN			
THILE	VD		☐ DELETE	1.1 TITU	.E					Change	Addition	
NAME	TROMPKE, RICHARD R			1.2 NAN	Æ	Ì						
STREET ADDRES				1.3 STR	EE1	ADDRESS						
CITY - ST - ZIP	ST PETERSBURG FL		- Corners	1.4 CIT	_	T-ZIP				Character	A date-	
TITLE	PS 1010		DELETE	2.1 TITU						Change	Additio	
NAME	TROMPKE, LOIS			2 2 NAN								
STREET ADORES	ST PETERSBURG FL					ADDRESS						
CITY-ST-7IP TITLE	SI PETENSBUNG PL		DELETE	2 4 CIT 3.1 TITL		31-ZIP				Change	Addition	
NAME	1			3.2 NAM								
STREET ADDRES	88					ADDRESS						
CITY-ST ZIP				3.4. CIT								
TITLE			DELETE	4.1 TITU						Change	Addition	
NAME				4. 2 NA	ME							
STREET ADDRES	SS			4.3 STR	EET.	ADDRESS						
D:TY - ST - 7/P				4.4 CIT	Y - S	T-21P						
THE			DELETE	5.1 TiTL	E					Change	Addition	
NAMÉ				5.2 NAA	ΑE							
STREET ADDRES	\$\$			5.3 STR	EET	ADDRESS						
CITY - ST - ZIP	,			5.4 CIT	/-S	T-ZIP						
TITLE			DEFELE	6 1 TITL	E					☐ Change	Addition	
NAME				62 NA	Æ							
STREET ADDRES	38			6.3 STR	EET	ADDRESS						
CITY - ST - ZIF				6.4 CIT	Y - S1	T-7(P						

14. I do hereby certily that the information supplied with this filling 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 planged, or on an attentionent with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR