| COR ANNU | LE NOW: FILING FEE PROFIT PORATION JAL REPORT 1997 | FLORIDA DEPARTI Sandra B. I Secretary Division of co | MENT OF STATE Mortham of State | Jan 09 19 | LED 97 8:00am ry of State |
|---|---|--|--|--|--|
| DOCUN 1. Corporation | MENT # 570621 Ra, Marsh and Associ | | | | |
| Principal Place of Business 29605 US HWY 19 NO STE 210 CLEARWATER FL 34621 US | | Mailing Address 29805 US HWY 19 NO STE 210 CLEARWATER FL 34621-2144 US | | 3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1978 01/31/1996 | |
| | lace of Business | 28. Mailing Address | 1.080 | 4. FEI Number | Applied For |
| 21 Suite: Apt | #. etc | 26 P. O. 50X Suite, Apt. #, etc. | 6980 | 59-1815556 | Not Applicable |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | e | City & State 28 Clearwater | - FL | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for i | ntangible tax under s. 199.032, |
| 24 | 25 9. Name and Address of Curre | 29 34618 3 | Pinellas | Florida Statutes | Yes No |
| ALT/ | AMURA, LEONARD N | | 81 Name | | |
| 29605 US HWY 19 NO 82 Street Add | | | | ess (P.O. Box Number is Not Acceptab | le) |
| STE 210 | | | | | /## |
| ULE | ARWATER FL 34021 | | | | |
| | | | | | FL 85 Zip Code |
| office or r | egistered agent, or both, in the Stat m familiar with, and accept the obly | e of Florida. Such change was au | thorized by the corporat | poration submits this statement for the p ion's board of directors. I hereby accept | or pose of changing its registered at the appointment as registered |
| 12. | Stanature: typed or printed name of registered an | acrit and two if applicable (NOTE: ND DIRECTORS | Registered Agent signature require 13. | red when reinstating) ADDITIONS/CHANGES TO OFFIC | |
| TIZ. TITLE | PD | | 1.1 TITLE | ADDITIONS/CHANGES TO UFFIC | ERS AND DIRECTORS IN 12 |
| NAME | ALTAMURA, LEONARD N | | 1.2 NAME | | 4 |
| STREET ADDRESS | 29605 US HWY 19 N CLEARWATER, FL 00000 | | 1 3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | VPD | DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | Change Addition |
| NAME | BULLER, KENNETH D | | 2 2 NAME | | |
| STREET ADDRESS | 26905 UW HWY 19 N | | 2.3 STREET ADDRESS | | |
| CITY - ST - ZIP TITLE | CLEARWATER, FL 00000 | DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | · | Change Addition |
| NAME | Short, Jerry W. | | 3.2 NAME | | |
| STREET ADDRESS | 29605 US HWY 19 N | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | CLEARWATER FL ST | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | | Change Addition |
| NAME | STITT, WILLIAM H. | | 4.1 ITILE 4. 2 NAME | | |
| STREET ADDRESS | 29605 US HWY 19 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | | 4.4 CITY-ST-ZIP | | Charge Lauren |
| TITLE NAME | | DELETE | 5.1 FITLE 5.2 NAME | | Change Addition |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 54 CITY - ST - ZIP | | |
| TITLE | | DELE TE | 6 1 TITLE 6 2 NAME | | Change Addition |
| NAME STREET ADDRESS | | | 6.2 NAME 6.3 STREET ADDRESS | | |
| CITY - ST-ZIP | | | 6 4 CITY - ST - ZIP | | |
| informatic | on indicated on this annual report or | supplemental annual report is tru | e and accurate and that | d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega | effect as if made under oath; that |
| | ifficer or director of the corporation (in Block 12 or Block 13 in hanged | | | rt as required by Chapter 607, Florida S | tatutes; and that my name |
| SIGNAT | URE: Signature AND TYPED | OF PRINTED TAME OF SIGNING OFFICER O | | 1-2-97 (813 | 2) 275-5657 |