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 # 573687

(1)

STRIPE-RITE ENTERPRISES, INC.

Suite, Apt. #, etc Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State Suite, Apt. #, etc. Fee Required 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees Zip Country Country Country Country Suite, Apt. #, etc. Fee Required Fee Required Fee Required Status Desired Fee Required	Principal Place		Mailing Address P. O. BOX 82100					
2. Principal Place of Business 2a. Mailing Address 2a. Mailing Address 4. FET Number 3a. Date of Last Report 36/04/1986 2a. 2. Principal Place of Business 2a. Mailing Address 4. FET Number 3b.1624338 National Place 3b.1624	TAMPA FL 3360			33682-2100				
Suito, Apr. #. ofc.								
Suite Apt # citc Suite Apt # citc State								h=nn-1-nn/=/
27	21 Suite Ast H etc						59-1824336	
City & State City & State City & State City & State 28			 -1				5. Certificate of Status Desired	
28							6. Election Campaign Financing	<u>-</u>
28	23		28					, ,
PANAMER AND ADD JR. NAME AND ACCEPTABLE IN THE MEDIAN OF INCHANGES OF CHARGE SAND DIRECTORS IN 12 AND STREET ADDRESS OF	· ·	Country	Zip		Countr	у		
ROLAND, PINAN, JR. 1680 GULF BLVD. SUITE 307 CLEARWATER FL 34630 11. Pursuant to die provisions of Socions 607.0502 and 607.1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing lis registered agent. Or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent a rate familier with a rate familier with a rate familier above high accept the objection 607.0502 and 607.1508, Florida Statutes. SIGNATURE SIGNATURE PO DELETE 1.11TILE DELETE 1.11TILE DELETE 1.11TILE DELETE 2.1 TILLE DELETE 2.1 TILLE DELETE 2.1 TILLE DELETE 3.1	24				30			
SUFFICE ADDRESS STREET ADDRESS STR	DOI A		it negistered A	Aanr	81	Name	10. Name and Address of New Reg	Istered Agent
SUITE 307 CLEARWATER FL 34830 8 Part City Part Pa							I	
STATE A CITY STAT						Street Add	ress (P.O. Box Number is Not Acceptable	e)
11. Pursuant to the provisions of Sections 607-05-02 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 office or registered agent, and the obligations of Section 607-0505, Florida Statutes. SIGNATURE Signature PD					83	; 		
11. Pursuant to the provisions of Sections 607-05-02 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 office or registered agent, and the obligations of Section 607-0505, Florida Statutes. SIGNATURE Signature PD					8/	City		OF Zin Code
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. Jam familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE PD					ŀ			
Street ADDRESS STRE	office or ri	egistered agent, or both, in the State	of Florida, Such	i change was at	uthorized b	y the corpora	poration submits this statement for the put tion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD □ DELETE 1.1 TITLE □ Change □ Addition NAME 1660 GULF BLVD. #307 13. STREET ADDRESS □ CHANGES □ Change □ Addition TITLE □ DELETE 2.1 TITLE □ Change □ Addition NAME 2.3 STREET ADDRESS □ Change □ Addition STREET ADDRESS 2.4 CITY-ST-ZIP □ Change □ Addition NAME 3.2 NAME □ Change □ Addition NAME 3.3 STREET ADDRESS □ Change □ Addition STREET ADDRESS □ CHANGE □ Addition □ Addition NAME □ DELETE □ TITLE □ Change □ Addition NAME □ DELETE □ TITLE □ Change □ Addition NAME □ ADDITIONS □ Change □ Addition NAME □ DELETE □ TITLE □ Change □ Addition NAME □ DELETE □ TITLE □ Change □ Addition		<u></u>						
THE PD				le INOTE		ent signature requ		
13 STREET ADDRESS 14 CITY - 51 - 21P				DELETE	••••		100111011010101111111111111111111111111	
CHY-SI-2IP CLEARWATER FL	NAME	PINAN, ROLAND JR.			1.2 NAME			
DELETE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE ATTITLE Change Addition NAME ADDRESS ADDRESS CHY-ST-ZIP ADDRESS TITLE DELETE ATTITLE Change Addition NAME ADDRESS CHY-ST-ZIP ADDRESS CHANGE ADDRESS CHY-ST-ZIP ADDRESS CHANGE ADDRESS	STREET ADDRESS				1.3 STREE	T ADDRESS		
NAME	C(1Y-S1-ZIP	CLEARWATER FL			1.4 CITY -	ST-ZIP		
2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TITLE			DELETE	2.1 TITLE			☐ Change ☐ Addition
CHY-ST-ZIP					2.2 NAME			
DELETE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS 5.2 NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREE						1 1		
NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4 CHY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP TITLE 4.4 CHY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS			***************************************	DELETE	***	ST-ZIP		Change Addition
STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP 34 CITY-ST-ZIP 34 CITY-ST-ZIP 34 CITY-ST-ZIP 34 CITY-ST-ZIP 34 CITY-ST-ZIP 35 STREET ADDRESS 35 STREET ADDRESS 35 STREET ADDRESS 35 STREET ADDRESS 36 ST								C Suttinge C Modition
STREET ACORESS SA CITY-ST-ZIP SA CITY-ST-ZIP SA CITY-ST-ZIP STREET ADDRESS STRE								
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME								
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS				DELETE	_		**************************************	☐ Change ☐ Addition
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ACORESS 5.3 STREET ADDRESS	NAME				4. 2 NAME			
TITLE DELETE 5.1 TITLE Change Addition NAME STREET ACCHESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS	SIREET ADDRESS				4.3 STREE	T ADDRESS		
NAME 5.2 NAME STREET ACCHESS 5.3 STREET ADDRESS					4.4 CITY -	ST-ZIP		
STREET ADDRESS 5.3 STREET ADDRESS				L] DELETE				L_ Change L_ Addition
						1		
UIY-SZIP [■ 5.4 CIY-S1-7IP 1								
TITLE DELETE 6.1 TITLE Change Addition			<u> </u>	DELETE	→ —	ST-ZIP		Change Addition
NAME 62 NAME				_ otten				C Change C Addition

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

information included 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. 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

SIGNATURE:

appears in Block 12 or Block

STREET ADDRESS

1.13.97 813 933.9096

FILED

Jan 24 1997 8:00am

Secretary of State