COR ANNU	PROFIT PORATION IAL REPORT 1997		Sandra B Secretar	TMENT OF STATE . Mortham y of State CORPORATIONS	Jan 22 1 Secret	997 8:0 ary of S	
	MENT # 58	2661 IING OF TAMPA,	(5) INC:				
incipal Place 3204 NEBRAS JTZ FL 33549		16204	ng Address 4 NEBRASKA AVE 2 FL 33549-6110			1979)) 979)) 978)) 978)) 979)	Q Q (UU)
					3. Date Incorporated or Qualified 08/17/1978	3a. Date of Last Re 01/23/1996	əport
Principal Pl	ace of Business		failing Address		4. FEI Number	Ap	plied For
Suite, Apt.	#, etc.	26 S	uite. Apt. #, etc.	<u></u> .	59-1857353 5. Certificate of Status Desired	\$8.75 A	t Applicable Additional
City & State		27	ty & State		6. Election Campaign Financing	Fee Re \$5.00	······
		28			Trust Fund Contribution	Added t	o Fees
Zip	Country 25	29	ίp	Country 30	 B. This corporation has liability for Florida Statutes 	intangible tax under s. Kyes 🔲 No	199.032,
		ss of Current Register	red Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	STELLANO, JOSPEH E 04 NEBRASKA AVENI				dress (P.O. Box Number is Not Acceptab		
	Z FL 33549			83			
				103			
							Da da
- Pursuant	to the provisions of Secti	ons 607.0502 and 607	.1508, Florida Statut	84 City es, the above-named co	rporation submits this statement for the p	FL 85 Zip (burpose of changing it	
 Pursuant office or r agent. La GNATURE 				es, the above-named co authorized by the corpor orida Statutes.	rporation submits this statement for the p ation's board of directors. I hereby accep	FL burpose of changing it pt the appointment as	
GNATURE	Signature: typed or printed name OF		applicatile (NOT ORS	es, the above-named co authorized by the corpor- orida Statutes. E. Registered Agent signature req 13.		DATE DATE DATE DATE	s registered registered
	Signature: typed or printed name Of PD	of registered agent and ide if a FICERS AND DIRECT	applicatile (NOT	es, the above-named co authorized by the corpor orida Statutes. E. Registered Agent signature req	ured when reinstating)	Durpose of changing it pt the appointment as	s registered registered S IN 12
	Signature typed or primted nume OF PD CASTELLANO, JOS 16204 NEBRASKA	ef registered agent and ide if a FICERS AND DIRECTI	applicatile (NOT ORS	es, the above-named co authorized by the corpor orida Statutes. E. Registered Agent signature req 13. 1.1 TIFLE	ured when reinstating)	DATE DATE DATE DATE	s registered registered S IN 12
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