## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

 I do hereby certify that the information indicated on this annual Lam an officer or director of t appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 596559

Principal Place of Business

(5)

Mailing Address

ROBERT ALLAN FOSTER, JR., ATTORNEY AT LAW, A PRO ROFESSIONAL ASSOCIATION

512 E KENNEDY BLVD TAMPA FL 33602		512 E KENNEDY BLVD TAMPA FL 33602-4909								
					3. Date Incorporated or Qualified 3a. Date of Last Report 12/01/1978 06/25/1996					
<del>-</del>	ace of Business	2a. Mailing Address	<del>-</del>			4. FEI Number	Applied For Not Applicable			
Suite, Apt. # etc.		26				38-1002213	S8.75 Additional			
22	T Ulta.	27				5. Certificate of Status Desired	Fee Required			
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be Added to Fees			
<b>23</b> Zip	Country	Zip Country				Trust Fund Contribution				
24	<u></u>	25 29 30			Florida Statutes Yes No					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
FOS	ITER, ROBERT ALLAN JR.			B1	Name					
512	E KENNEDY BLVD		Ì	82 Street Address (P.O. Box Number is Not Acceptable)						
IAM	IPA, FL MH 33602		ľ	83						
			-	84 (	City		FL	5 Zip (	Code	
office or re agent Lar SIGNATURE	egiftered/ag/int, or blur, in the Sta in familiar will and accept the dip	it of forida. Such change was ligations of Section 607.0505,	s authorized Florida Stati	i by ti utes.	ne corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of choot the appoint	anging it ment as	s registered registered	
	Signature, typed or printed name of registored a	agent and title if applicable. (N ND DIRECTORS	OTE Registered	Agent	signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	FRS AND DI	RECTOR	S IN 12	
12.	PDTS	DELETE	11 11	LE		7,0011010,017111020 10 01110		Change	Addition	
NAME	FOSTER, ROBERT A JR	_	1.2 NA							
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TITLE		☐ DELETE	4.1 TO	TLE			L	Change	Addition	
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NAME			62 N	AME	1					
STREET ADDRESS			6.3 \$1	TREET A	DDRESS					

NAME OF SIGNING OFFICER OR DIRECTOR

as supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the just of suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that position or the receiver or pustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

815.223.3083