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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 604538

(9)

Mailing Address

WILLIAM C. GREGG, III CHARTERED

FILED Jan 23 1997 8:00am Secretary of State

611 E DRUID RD. #308 CLEARWATER FL 34616		611 E DRUID RD. #308 Clearwater FL 34616-3919			
}				3. Date Incorporated or Qualified 07/05/1973	3a. Date of Last Report 01/24/1996
	lace of Business E. Druid Rd	2a. Mailing Address		4, FEI Number	Applied For
21			ruid Rd	59-1466009	Not Applicable \$8.75 Additional
22 #5	512	Suite, Apt. # etc. 27		5. Certificate of Status Desired	Fee Required
City & State	arwater, FL	City & State Clearwater		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 34	1616 Country Pinellas	^{Zip} 34616	Country Pinella	1 to load official of	Yes No
	9. Name and Address of Current	Registered Agent		10, Name and Address of New Re	
GRE	EGG, WILLIAM C III	•	81 Name		The second secon
	E DRUID RD #308 ARWATER FL		82 Street A 611 83	ddress (P.O. Box Number is Not Acceptate E. Druid Rd #5	
			84 City Cle	arwater	FL 85 Zip Code 34616
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statute	e the above-named o	proporation submits this statement for the r	ourpose of changing its registered
agent La	en familiar with and the the obligat	ions of Section 607.0505, Flo	rida Statutes	pration's board of directors. I hereby accept	the appointment as registered
SIGNATURE	1////		lliam C.	Gregg, III	1/14/97
	Signal Appellor price direct of registered agent		Ragistered Agent signature r		DATE
TITLE	OFFICERS AND POS	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	GREGG, WILLIAM C III	L. J DELEVE	1.2 NAME		- Carlos Carlos
STREET ADDRESS	611 E DRUID RD #308		1.3 STREET ADDRESS	611 E. Druid Rd	#512
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY - ST - ZIP		4616
THILE	0000	DELETE	2.1 TITLE	01001110011	Change Addition
NAME		_	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME:	1		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-7IP			3.4. CITY-ST-ZIP		
THLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	ļ		4 3 STREET ADDRESS		
CITY - ST - ZIP			4 4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY+\$1-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	1		64 CITY-ST-ZIP		

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 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 corporation 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 change from an attachment with an address. William C. Gr President Gregg,

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR