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 # 604996

GARCIA AND FIELDS, P.A.

FILED	0 00111	
Feb 12 1997 8:00an	1	
Secretary of State		



Principal Place 2580 BARNET 101 E KENNE TAMPA FL 33	DY BLYD	Mailing Address 2580 BARNETT PLAZA 101 E KENNEDY BLVD TAMPA FL 33602-5179	2560 BARNETT PLAZA 101 E KENNEDY BLVD			3. Date Incorporated or Qualified 3a. Date of Last Report				
	W. J. P.				<u></u>	02/01/1974	01/25	/1996		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number 59-1502743			oplied For of Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			, ,	5. Certificate of Status Desired		\$8.75	Additional equired	
City & Stat	le	City & State				6. Election Campaign Financing	P-1		May Be	
23 Zip	Country	Z (p	Cou	ntru		Trust Fund Contribution			to Fees	
24	25	29	30	iii.y		This corporation has liability for Florida Statutes	r intangible ta: XYes 🔲		. 199.032,	
	9. Name and Address of Curre	4:	1001			10. Name and Address of New R				
GA	RCIA, JOSEPH			81	Name					
	80 BARNETT PLAZA			62	Street Addr	ess (P.O. Box Number is Not Accepta	ble)			
	E KENNEDY BLVD			63						
IAI	MPA FL 33602			03						
				84	City		FL	85 Zip	Code	
SIGNATURE	Signature, typed or printed name of registered as OFFICERS At	ID DIRECTORS	13.		nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFI				
TITLE	P P	DELETE	1.1 70				L	Change	Addition	
NAME STREET ADDRESS	GARCIA, JOSEPH 101 E KENNEDY BLVD		1.2 N/		ADDRESS					
CITY-ST-ZIP	TAMPA FL									
TITLE	VTS DELETE			1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition	
NAME	FIELDS, ROBERT W		2.2 N/	ME						
STREET ADDRESS	101 E KENNEDY BLVD		2.3 S1	REET	ADDRESS					
CITY-\$1-ZIP	TAMPA FL	DELETE			ST-ZIP			Change	Addition	
TITLE NAME		☐ pereie	3.1 Tf 3.2 N/					1 cuante	Addition	
STREET ADDRESS	-		L		ADDRESS					
CITY-ST-7IP					ST-ZIP					
TITLE		DELETE	4.1 Ti	-			L	Change	Addition	
NAME			4. 2 N							
STREET ADDRESS	}		•		ADDRESS					
CITY - ST - ZIP		☐ DELETE	4.4 CI 5.1 TI		1-ZIP			Change	Addition	
NAME		—	5.2 N/				•			
STREET ADDRESS			5.3 S1	REET	ADDRESS					
CHTY-ST-ZIP			5.4 CI		T-ZIP			1 A:		
TITLE		DELETE	6.1 11		}		L	Change	Addition	
NAME			6.2 N/		ADDRESS					
STREET ADDRESS City-St-Zip			6.3 St		ADDRESS T. 7/P					
	by certify that the information supplies	ed with this filing does not quali-				in Section 119.07(3)(i). Florida Statut	es I further o	ortify that	the	

The interest of the sum of the sum of supplied with this string does not quality for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information indicated on this equival 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 typistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 or Chapter 607, Florida Statutes.

SIGNATURE:

2-6-97

813 - 222 - 8500

Daytime Phone #