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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 619764

(4)

STUART, STRICKLAND AND CAGLIANONE, P.A.

	, ominimum mo mos						
Principal Place of Business		Mailing Address		- I TERRI ANGRE HARRE HARRE HARRE HARRE HARRE BURNE BU			
805 S BLVD TAMPA FL 33606		805 \$ BLVD TAMPA FL 33806-2629					
					3. Date Incorporated or Qualified 05/01/1979	3a. Date of Last Rep 04/10/1996	ort
	lace of Business	2a. Mailing Address			4. FEI Number	 	ed For
Suite, Apt	# otc	Suite, Apt. #, etc.			59-1913677		Applicable
22	7, €1 ,	27			5. Certificate of Status Desired	See Requ	-10
City & State	0	City & State		6. Election Campaign Financing	\$5.00 M		
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	, ,		8. This corporation has liability for in		99.032,
24	25	[29]	30			Yes No	
A	9. Name and Address of Curren	t Hegistered Agent		1 Name	10. Name and Address of New Reg	istered Agent	
	IART, STEPHEN K.		L				
605 SOUTH BOULEVARD TAMPA FL 33606			18	2 Street A	ddress (P.O. Box Number is Not Acceptable	e)	ļ
IAN	IFA FL 33000) <u> </u>	3			—
			ļ.,	<u> </u>		7-1	
			1	4 City		FL 85 Zip Co	İ
11. Pursuant to the provisions of Sections 607,0502 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.							
SIGNATURE	, , , , , , , , , , , , , , , , , , ,						}
	Shy aline, hyped in pricles came of registered age			gent signature re	quired when re-instating)	DATE	
12.	OFFICERS AND	DIRECTORS DELETE	13.	 	ADDITIONS/CHANGES TO OFFICE		N 12 Addition
NAME	STUART, STEPHEN K	C., OLCLIC	1.2 NAM			L1 Grange 1	Addition
STREET ADDRESS	605 S BLVD		1	ET ADDRESS			ŀ
CHY-SI-ZiP	TAMPA FL		- 4	-ST-ZIP			į.
THE			2.1 TITL			Change	Addition
NAME	STRICKLAND, STEVEN A.		2.2 NAM				_
STREET ADDRESS	605 S. BLVD.		2.3 STR	ET ADDRESS			ļ
CITY - ST - 7IP	TAMPA FL		2 4 CIT	r-ST-ZIP			
11111	T	DELETE	3 1 TITL			Change	Addition
NAME	CAGLIANONE, JEFFREY A		3 2 NAM	E			}
STREET ADDRESS	605 S. BLVD.		3.3 STR	ET ADDRESS			ĺ
CITY-ST ZIP	TAMPA FL	F-1 55.05		-ST-ZIP	·		
TITLE	D	☐ DELETE	4,1 TiTL	· (L Change	Addition
NAME	MILLER, FRANCIS	Α.	4 2 NA	· ·			ł
STREET ADDRESS	605 S. Blvd., Ta	ampa, FL	4	ET ADDRESS			l
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITL	-ST-ZIP		Change	Addition
NAME		LJ WILL	5.1 III.	1		L. Onlange	- rodinon
STREET ADDRESS				ET ADDRESS			į
CITY - ST - ZIP				-ST-ZIP			}
Title		DELETE	6 1 TiTL			Change	Addition
NAME			6.2 NAM	i			Ì
STREET ADDRESS				ET ADDRESS			\
CITY S1-ZIP			1	-ST-ZIP			{

SIGNATURE:

THE STUDES SELEN A, SILIKLAND INATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. If 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

3/14/99 8/3-25/-8089

FILED

Mar 31 1997 8:00am

Secretary of State

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