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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997		J+5	DI		Secretary of State VISION OF CORPORATIONS			NS	Secretary of State			
DOCUI 1. Corporation BAY ARI	MENT in Name EA CHART			,	4) c.	; 4			1 1001/20 27/410 14/45 24/410 14/40 24/10/11	1 818 01 318 01 1	HANI Bibil bibil	
Principal Place of Business 25 SECOND ST NORTH STE 220 ST PETERSBURG FL 33701 US				Mailing Address 25 SECOND ST NORTH STE 120 ST PETERSBURG FL 33701-3362 US				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3. Date Incorporated or Qualified 3a. Date of Last Report			
2. Principal Place of Business				2a. Mailing Address					06/04/1979 4. FEI Number	U0/		oplied For
21				26					59-1915591		}	ot Applic
Suite, Apt 22 STE	#, etc 200		2	Suite, Apt			_		5. Certificate of Status Desired	U/	\$8.75 / Fee Re	
City & State 23			2	City & Sta	ite				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip □	Country			Z _I p Country				8. This corporation has liability for			199.032,	
24 25 29 29 9. Name and Address of Current Registered Agent						10			Florida Statutes Yes No 10, Name and Address of New Registered Agent			
FRY	ER, JOAN M		J. Carrott 110	31010104 7480		81	Τ	Name	19, (1211) 9114 11421 488 41114111	9,0.0,00		
6500 SUNSET WAY, #511							1	Street Add	ress (P.O. Box Number is Not Accepta	hle)		
ST. PETERSBURG BEACH FL 33708						82	L	JIEG AGG	ress (1 .C. box number is not Accepte			
						83	1					
							1	City		E4	85 Zip (Code
11 Director	to the province	ne of Section	607.0502.50	d 607 1509 E	torida Statutes	the abou	Ť	named corr	poration submits this statement for the	FL	t changing it	te registered
office or r agent 1 a	registered age im familiar with	nt, or both, in n, and accept	the State of F the obligation	lorida. Such c is of, Section 6	hange was au 307.0505, Flori	thorized by	y 1	the corpora	poration submits this statement for the tion's board of directors. I hereby according	pt the app	ointment as	registered
SIGNATURE					,							
12.	Signature Typed o		Served agent and CERS AND DI		(NOTE:	13.	ent	t signature requi	ired when reinslating) ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	3S IN 12
MU	P				DELETE	1.1 TITLE	_				Change	Addition
NAME	FRYER, JO	AN M				1.2 NAME		}				
STREET ADURESS		SET WAY, #	511			1.3 STREET	ΤA	ADDRESS				
CH Y- ST-ZIP	ST PETER	SBURG BH	FL			1.4 CITY - 5	ST-	- ZIP				
TITLE					DELETE	2.1 TITLE		.			Change	Addition
NAM!						2.2 NAME						
STREET ADDRESS						2.3 STREET						
CITY ST-7IP					DELETE	2. 4 CITY- 3.1 TITLE	ST	r-ziP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE NAME				<u>. </u>	JORECIE	3.2 NAME					C. Oriente	
STREET ADDRESS						33 STREET		LODRESS				
CITY-S1-ZIP						3 4. CITY -		1				
Tillif					DELETE	4.1 TITLE					Change	Addition
NAMÉ						4. 2 NAME						
STREET ADORESS	ì					4.3 STREE	ΤA	ADDRESS				
City-St-7iP					DCI EVE	4.4 CITY - 5	ST-	- ZIP			T-1 A:	1 2200
TITLE				L.	DELETE	51 TITLE					Change	Addition
NAM:						5.2 NAME		ionacec				
STREET ADDRESS						5.3 STREET		1				ļ
CITY - S1 - ZIP TITLE					DELETE	5.4 CITY-S 6.1 TITLE	31.	- 11r			Change	Addition
NAME	[_		62 NAME						
STREET ADDRESS						63 STREET		ADDRESS				}
	1							"				

SIGNATURE:

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 changed, or on an attachment with an address.

FILED

May 19 1997 8:00am