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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 626021

(0)

Principal Place of Business Mailing Address 3302 AZEELE STREET 3302 AZEELE STREET TAMPA FL 33609 TAMPA FL 33609-3020					3. Date Incorporated or Qualified 3a. Date of Last Report				
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4 Principal F	Place of Business	2a. Mailing Address			4. FEI Number				pplied For
1	M. ako	26			59-1911378	<u> </u>			ot Applicable
Suite, Apt.	Ħ, eic	Suite, Apt. #, etc.			5. Certificate of Sta	atus Desired			Additional lequired
City & Sta	te	City & State			6. Election Campal	on Financing			May Be
		28	·		Trust Fund Cont	-			to Fees
- <i>Ζ</i> φ 1	Country	Zip	Countr	Ŋ	This corporation				s. 199.032,
	25 25 9. Name and Address of Curren	29 nt Registered Agent	30		Florida Statutes 10. Name and Add		Yes _		
CAUTHEN, WILLIAM H.			8.	1 Name					
	WEST MAIN STREET		8	2 Street Add	Address (P.O. Box Number is Not Acceptable)				
TAV	ARES FL 32778			<u> </u>					
			B	3					
			84	4 City			FL	85 Zip	Code
	to the provisions of Sections 607.050 registered agent, or both, in the State arm familiar with, and accept the obliging Secular trend or pentitings of registered age.					atement for the p s. I hereby accep		changing intment a	its registered s registered
SIGNATURE 2.	to the provisions of Sections 607.050 registered agent, or both, in the State arm familiar with, and accept the obligations between typed or printed name of registered age OFFICERS AND	ent and little if applicable. (NC		gent signature requi	poration submits this station's board of directors ired when reinstating) ADDITIONS/CHAI		DATE CERS AND		
SIGNATURE 2.	Signature typed of printed name of registered age OFFICERS AND PD GIUNTA, SAM A.	ent and little if applicable. (NC D DIRECTORS	TE: Registered A	gent signature requi	ired when reinstating)		DATE CERS AND	DIRECTO	RS IN 12
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 12 if changed or on an attachment with an address.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

hucm7 Walsh 1/12/97

813-877-9609

FILED

May 02 1997 8:00am

Secretary of State