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	DIVISIO	N OF COR	IPOHATII	JNS		2	
r. Corporatio	MENT # 6460 AST INVESTMENT SE	` '				1 -0 0 to 0	Bro n s hālā s hā ha bi si si s	BASII BIBIS IRKI
Principal Place of Business Mailing Address						a immelit Berter annem Stiffer unter eitrem ichte	Aibit Aibit Biait Disti	A1641 61811 (83)
4933 17TH ST BRADENTON F US	-	4933 17TH ST E Bradenton FL 34203-3706 US						
						3. Date Incorporated or Qualified 12/01/1979	3a. Date of Le 04/05/199	
	lace of Business	28. Mailing Addres	s			4, FEI Number 59-2005761		Applied For Not Applicable
Suite, Apt.	#, etc.	Sulte, Apt. #, e ^e	C.			5. Certificate of Status Desired	┌ \$8.	75 Additional see Regulred
City & Stat	te	City & State	····			Election Campaign Financing Track Consideration	\$5	.00 May Be
Zip	Country	28 Zip	L	Country		Trust Fund Contribution 8. This corporation has liability for		
24	25	29	30	<u></u>			Yes 🔀 No	
		of Current Registered Agent			Name	10. Name and Address of New Ro	gistered Agent	
	KHOLDER, DAVID E			81	IName			
	3 17TH ST E IDENTON FL 34203			82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)	
UNA	DEMINITE SATOS			83			····	
				84	City	MILES AND	las I	Zip Code
				04	City		FL 85	Zip Code
11. Pursuant office or i agent. La	to the provisions of Sections registered agent, or both, in am familiar with, and accept	607.0502 and 607.1508, Florida the State of Florida. Such change the obligations of, Section 607.05	Statutes, t was auth 05, Florida	the above orized by a Statutes	e-named co the corpora s.	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of chang pt the appointmen	ing its registered at as registered
SIGNATURE		Maria Maria Maria	MOTE FIN	niniana di A			DATE	
12.	Signature, typed or printed name of re OFFIC	CERS AND DIRECTORS	(NOTE: HB	Fingistered Agent signature require 13.		ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	T	☐ DELE	TE	1.1 TITLE			Cha	
NAME	BURKHOLDER, DAVID E.		1.2 NAME					
STREET ADDRESS	4933 17TH ST E			1.3 STREET	ADDRESS			
C(TY-S1-Z)2	BRADENTON FL			14 City - 9	T-ZIP			
TITLE	☐ DELETE 2			2.1 TITLE	}		Cha	ange 🔲 Addition
NAME				2.2 NAME	ľ			
STREET ADDRESS				2.3 STREET				
CITY - S1 - ZIP		l prir	70	2. 4 CITY-	ST-ZIP		1165	and I Addition
TITLE		☐ DELE	10	31 TITLE			☐ Cha	ange [] Addition
NAME			ŀ	3.2 NAME	1 DDDDD			
STREET ADDRESS	1			3.3 STREET				
CHY-S1-70P TOTALE		DELE	TE.	3.4. CITY - 1 4.1 TITLE	51-ZIP		Cha	ange Addition
NAME	1		-	4. 2 NAME			01A	
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY - ST - 7IP				4.4 CITY-5	1			

64 CITY-ST-ZIP

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

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

THLE

NAME

BILLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-\$1-ZIP

GNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DELETE

DELETE

(941) 255-4569

Change

☐ Change

Addition

Notibbe ...

FILED

Apr 04 1997 8:00am

Secretary of State

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