## 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

DOCLIMENT # 64994

151

1. Corporation	e of Business ).	Mailing <b>7211 P</b> /	Address 17 BLVD. FL 33615-2109				NA SON AND AND AND A	
						3. Date Incorporated or Qualified 12/14/1979	3a. Date of Last Re 01/24/1996	port
2. Principal P	lace of Business	2a. Ma 26	28. Mailing Address 26			4. FEI Number 59-1951732	) <del></del>	plied For t Applicable
Suite, Apt.	#. otc.	h	Suite, Apt #, etc.			5. Certificate of Status Desired	□ \$8.75 A	dditional quired
City & State	e		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	p Country			Country 30	/	8. This corporation has liability for i		
		29  ess of Current Registere	d Agent			10. Name and Address of New Re	gistered Agent	
ROS	IER, JOHN P			81	Name			
	I PAT BLVD IPA FL 33615			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
(701)	1712 00010			83	7			
				84	City		FL 85 Zip (	Code
11. Pursuant office or ragent. La		ctions 607 0502 and 607.1 h, in the State of Florida Scept the obligations of, Se				poration submits this statement for the p tion's board of directors. I hereby accep ared when reinstating)	urpose of changing its of the appointment as	registered registered
12.		DEFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 12
TITLE	PD		☐ DELETE 1:				☐ Change	Addition
NAME			12					
STREET AODRESS	7211 PAT BLVD			1.3 STREE	T ADDRESS			
CITY-SI-ZIF	TAMPA FL		Cociere	1.4 CITY-	ST-ZIP		T Observe	T Labor
TITLE	std Rosier, Betty L		☐ DELETE	2.1 TITLE			Change	Addition
NAME	7211 PAT BLVD			2.2 NAME	1 ADDRESS			İ
STREET ADDRESS  CITY - ST - ZIP	TAMPA FL			2.3 STREE	1			
TITLE	V		DELETE	3 1 TITLE	31-211	7700 - 7700	Change	Addition
NAME	PRIEDE, JEFFREY	D.		3.2 NAME				
STREET ADDRESS	7211 PAT BLVD.			3.3 STREE	T ADDRESS			
CITY+ST-ZIP	TAMPA FL			3.4. CITY-	ST - ZIP			
TITLE			☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME				4, 2 NAME				ı
STREET ADDRESS				43 STREE	T ADDRESS			Į
CITY - ST - 7IP			TT 65.5%	4.4 CITY-	ST-ZIP		T 25	Addition
TITLE	}		DELETE	5.1 TITLE	}		Change	Addition
NAME OARSEZ ARROY OG				5.2 NAME	i			
STREET ADDRESS					T ADDRESS			ľ
DITY-ST-ZIP TITLE			DELETE	5.4 CITY- 6.1 TITLE	SI-ZIP		☐ Change	Addition
NAME			Janene	6.1 HILE 62 NAME			- oracigo	- (Adding)
STREET ADDRESS	{				T ADDRESS			ľ
CITY-ST-ZIP				6.4 CITY -				ļ
0111-01-24F	<del></del>			0.9 0111	VI 611	11 A. 11 (45 67/0)(2) El (4- 66-1)		

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 supplied 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 could ation or the receive 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 shallged, or op an attachment with an address.

**FILED** 

Jan 27 1997 8:00am

Secretary of State