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



Sandra B. Mortham

FILED Apr 21 1997 8:00am Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | | FLORIDA DEPA Sandra Secret | \$550.00 ARTIMENT OF STATE B. Mortham ary of State CORPORATIONS | FILED Apr 21 1997 8:00an Secretary of State | |
|--|--|--|---|--|--|
| . Zi | DRIVE | Mailing Address 7719 HOLIDAY DRIVE SARASOTA FL 34231-531 | 3 | | |
| | | | | Date Incorporated or Qualified 12/13/1979 | 3a. Date of Last Report 03/26/1996 |
| 2. Principal Pi | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Sulte, Apt. | # etc | Suite, Apt. #. etc. | | 59-1954878 | Not Applicable |
| SOIIIE, Apt. #, etc. | | 27 Suite, Apr. #. etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 3 | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| Zip | Country | 28 Zip | Country | Trust Fund Contribution | Added to Fees |
| 24 | 25 | 29 | 30 | This corporation has liability for Florida Statutes | Tintangible tax under \$. 199.032, Yes No |
| | to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga | 2 and 607.1508, Florida State of Florida. Such change was ations of, Section 607.0505, F | utes, the above-named cos authorized by the corpora- Florida Statutes. | rporation submits this statement for the ation's board of directors. I hereby acce | purpose of changing its registered |
| SIGNATURE | Signature, typed or printed name of registered age | nt and title 4 applicable (NC | TE: Registered Agent signature req | | DATE |
| 12. | OFFICERS ANI | D DIRECTORS DELETE | 13. | ADDITIONS/CHANGES TO OFFI | |
| NAME STREET ADDRESS | MCNEILL, HAROLD 908 NORMANDY TRACE RD. | <u> </u> | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | | L Change L Addition |
| CITY-ST-ZIP TITLE | TAMPA FL SD | DELETE | 1.4 CITY - ST - ZIP 2.1 TILLE | | Change Addition |
| NAME STREET ADDRESS | MCNEILL, PRENTISS L. 2230 SUNSET DR | | 2.2 NAME. 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | BRADENTON FL | DELETE | 2. 4 CITY-ST-ZIP 3.1 TITLE | | Change Additio |
| NAME STREET ADDRESS | | | 3.2 NAME 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 3.4. CITY-ST-ZIP | | Change Additio |
| NAME STREET ADDRESS | | Lad Dette | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS | | Change Auguro |
| CITY-ST-ZIP TITLE NAME | 100 | ☐ DELETE | 4.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME | | ☐ Change ☐ Additio |
| STREET ADDRESS CITY-ST-ZIP TITLE | *** | DELETÉ | 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE | | ☐ Change ☐ Additio |
| NAME | | | 6.2 NAME | | |

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.

8651010/PHM200000