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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 657085** 

171

## **FILED** Apr 03 1997 8:00am Secretary of State

% JAMES TAI	HALE AVENUE			UE		······································	3. Date Incorporated or Qualified 02/25/1980	3a. Da	ate of Last F	
2. Principal	Place of Business	2a. Mailing	Address		<del></del>		4. FEI Number	021		pplied For
21		26					59-1986157			lot Applicable
Suite, Ap	ç. #. etc.	}	Apt. #, etc.				5. Certificate of Status Desired			Additional leguired
City & Sta	ate	27 City &	State				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution			to Fees
Zψ	Country	Zip		Cour	ntry		8. This corporation has liability for			s. 199.032,
24	25 9. Name and Address of	29 29 Annual Registered A	cent	30			Florida Statutes  10. Name and Address of New Re	Yes	-	·
TAI	MPLIN, JAMES	or Carron Hogistered A	you		81 N	ame	(b. Hamo and Address of Hels In	phiermien	- April	
480	<b>18 NORTH HALE AVENUE</b>			ŀ	82 S	reet Addre	ess (P.O. Box Number is Not Accepta	hie)	···	······································
TAT	MPA FL			į					***************************************	
					83					
				Ţ	<b>84</b> C	ity		FL	85 Zip	Code
	am tanillar with, and accept i	the obligations of, Section	n 607.0505, F	louda Stati						
	Superior types or private that is only			TE Registered			oration submits this statement for the on's board of directors. I hereby acce	DATE		
12.	OFFIC	g stored agent and little if applicable CERS AND DIRECTORS	de (NO	TE Registered	Agent siç			DATE	DIRECTO	RS IN 12
<b>12.</b> Will	OFFIC PD TAMPLIN, JAMES	CERS AND DIRECTORS		TE Registered	Agent siç		od when reinstating)	DATE		RS IN 12
12. TITLE NAME	OFFIC PD TAMPLIN, JAMES 4808 N HALE AVENUE	CERS AND DIRECTORS	de (NO	13. 1.1 1(1	Agent siç	gnatura requira	od when reinstating)	DATE	DIRECTO	
SIGNATURE  12.  THE  NAME  SHEET ADDRESS  CLY-ST-ZE	PD TAMPLIN, JAMES 4808 N HALE AVENUE TAMPA FL	CERS AND DIRECTORS	DELETE	13. 1.1 1(1 1.2 NA 1.3 \$1( 1.4 C)	Agent sig LE IME REET ADDI TY - ST - ZII	neture require	od when reinstating)	DATE	DIRECTO Change	RS IN 12
TITLE  THEF  NAME  STREET ADDRESS  CITY-ST-ZIP  THEF	PD TAMPLIN, JAMES 4808 N HALE AVENUE TAMPA FL S	CERS AND DIRECTORS	de (NO	118. 1.1 1/1 1.2 NA 1.3 STI 1.4 CIT 2.1 TH	Agent signification in the sig	neture require	od when reinstating)	DATE	DIRECTO	RS IN 12
12. THE NAME STREET ADDRESS OFY-ST-709 THEE	PD TAMPLIN, JAMES 4808 N HALE AVENUE TAMPA FL S LEWIS, BETTY M.	CERS AND DIRECTORS	DELETE	13. 1.1 1/1 1.2 NA 1.3 STI 1.4 CIT 2.1 T/1 2.2 NA	i Agent sig LE ME REET ADDI TY-ST-ZII LE ME	prature require	od when reinstating)	DATE	DIRECTO Change	RS IN 12
12. THE NAME STREET ADDRESS OFY-SE-ZE HTLE NAME STREET ADDRESS	PD TAMPLIN, JAMES 4808 N HALE AVENUE TAMPA FL S LEWIS, BETTY M.	CERS AND DIRECTORS	DELETE	13. 1.1 III 1.2 NA 1.3 STI 1.4 CIT 2.1 III 2.2 NA 2.3 STI	Agent signification in the sig	PRESS	od when reinstating)	DATE	DIRECTO Change	RS IN 12
12. UILE NAME STREET ADDRESS CITY-ST-ZE UITE NAME STREET ADDRESS CITY-ST-ZE TILE	PD TAMPLIN, JAMES 4808 N HALE AVENUE TAMPA FL S LEWIS, BETTY M. 8208 WOODGATE COL	CERS AND DIRECTORS	DELETE	11 Registored 13. 1.1 H 1.2 NA 1.3 SH 1.4 CH 2.1 TH 2.2 NA 2.3 SH 2.4 CH 3.1 TH	Agent signal LE ME REET ADDI TY-ST-ZII LE ME REET ADD TY-ST-ZII TY-ST-ZI	PRESS	od when reinstating)	DATE	DIRECTO Change	RS IN 12
12.  THE  NAME  STREET ADDRESS  OFY-SI-ZE  HITE  NAME  STREET ADDRESS  CHY-SI-ZE  THE  NAME	OFFICE PD TAMPLIN, JAMES 4808 N HALE AVENUE TAMPA FL S LEWIS, BETTY M. 8208 WOODGATE COLTAMPA FL	CERS AND DIRECTORS	DELETE	11 Progratured 13. 1.1 HT 1.2 NA 1.3 STI 1.4 CI 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA	Appent signification of the control	ARESS P	od when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
12. THE NAME STREET ADDRESS CITY-ST-712 HITE NAME STREET ADDRESS CHY-ST-712 HITE NAME STREET ADDRESS STREET ADDRESS	OFFICE PD TAMPLIN, JAMES 4808 N HALE AVENUE TAMPA FL S LEWIS, BETTY M. 8208 WOODGATE COLTAMPA FL	CERS AND DIRECTORS	DELETE	11 Frequence 13. 1.1 HT 12 NA 1.3 STI 22 NA 2.3 STI 2.4 CD 3.1 TI 3.2 NA 3.3 STI 3.3 STI 4.3 STI 3.2 NA 3.3 STI	Agent signification in	RESS P	od when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
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12.  THE  NAME  STREET ADDRESS OFFY-ST-ZIP  THE  NAME	OFFICE PD TAMPLIN, JAMES 4808 N HALE AVENUE TAMPA FL S LEWIS, BETTY M. 8208 WOODGATE COL TAMPA FL	CERS AND DIRECTORS	DELETE  DELETE  DELETE	11 Feo stored 13. 1.1 III 1.2 NA 1.3 STI 2.1 TII 2.2 NA 2.3 STI 3.2 NA 3.3 STF 3.4 CI 4.1 TIII 4.2 NA 4.3 STF 4.4 CI 5.1 TIII	LE LE REET ADDI LY-ST-ZI LE ME REET ADDI LY-ST-ZI LE ME REET ADDI LY-ST-ZI LE AME REET ADDI LY-ST-ZI LE AME REET ADDI LY-ST-ZI LE	RESS P P RESS P P RESS	od when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
T12.  THE  NAME STREET ADDRESS OF Y-SE-ZIP THE  NAME	OFFICE PD TAMPLIN, JAMES 4808 N HALE AVENUE TAMPA FL S LEWIS, BETTY M. 8208 WOODGATE COL TAMPA FL	CERS AND DIRECTORS	DELETE  DELETE  DELETE	11 Fequatored 13. 1.1 JIT 1.2 NA 1.3 STI 4.4 CIT 3.1 TIT 3.2 NA 3.3 STF 3.4 CIT 4.1 TIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.2 NA	LE LE REET ADDI LY-ST-ZI LE ME REET ADDI LY-ST-ZI LE ME REET ADDI LY-ST-ZI LE AME REET ADDI LY-ST-ZI LE AME REET ADDI LY-ST-ZI LE	RESS P	od when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
TITLE NAME STREET ADDRESS GLY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICE PD TAMPLIN, JAMES 4808 N HALE AVENUE TAMPA FL S LEWIS, BETTY M. 8208 WOODGATE COL TAMPA FL	CERS AND DIRECTORS	DELETE  DELETE  DELETE  DELETE	11 Feq stored 13. 1.1 III 1.2 NA 1.3 STI 4. CII 2.1 TH 2.2 NA 2.3 STI 3.4 CII 4.1 TH 4.2 NA 4.3 STI 4.4 CII 5.1 TH 5.2 NAI 5.3 STI 5.3 STI 5.3 STI 6.5	LE LE REET ADDI LY-S1-ZI LE ME REET ADDI LY-S1-ZI LE AME	RESS P P RESS P RESS P P RESS P RESS P P RESS P R R R R R R R R R R R R R R R R R R	od when reinstating)	DATE	DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition
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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 eath; 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 flock 12 or flock 13 if changed, or on an attachment with an address.

SIGNATURE: