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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

700360

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Principal Place of Business			Mailing Address					**************************************			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				6329 - 9TH STREET NORTH ST.PETERSBURG FL 33702-6621								
								3. Date Incorporated or Qualified 01/25/1960	3a. [Date of Last 1 02/21/19	Report 196	
Place of Busine	ss	2a.	Mailing Address					4. FEI Number		A	Applied For	
		26						59-2206850			lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	K		Additional Required	
City & State			City & State					6. Election Campaign Financing		\$5.00	May Be	
Zip Country			28			····	Trust Fund Contribution			to Fees		
-	- 1		Zip		Country	1					s. 199.032,	
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EP, RICHARD					82	Street	Addre	ss (P.O. Box Number is Not Accepta	able)			
6329 9TH ST. N.								todays (1.5. pox namber is not notopiasis)				
LNODUNG FL	33702					-		·	· · · · · · · · · · · · · · · · · · ·		0 - 1-	
						,			F	L '	Code	
to the provisio	ns of Sections 617.050	02 and 61	7.1508, Florida Statu	utes, th	he abov	e-named	corpo	ration submits this statement for the	purpose	of changing	its registered	
registered age am familiar with	nt, or both, in the State n. and accept the oblig	e of Fiorial ations of.	la. Such change was . Section 617.0503. F	s autho Florida	orized by Statute	y the cor s.	poratio	in's board of directors. I hereby acci	ept the ap	pointment a	s registered	
										ppointment a	s registered	
	printed name of registered ago	ent and title it	fapplicable. (NC	OTE: Reg	istered Ao			d when reinstating)	DATE			
Signature, typed or		ent and title it	fapplicable. (NC	OTE: Reg					DATE		ORS IN 12	
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14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: ¿

STREET ADDRESS

chard H. Lightkep

2/8/97 813-527-4322

FILED

Feb 17 1997 8:00am

Secretary of State