FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

755201

(1)

FILED Jul 01 1997 8:00am Secretary of State

Principal Place of Business Mailing Address	FFQ11 00101 (184 KIBIS OFDI) #1911 B1011 B1015 B1011 (801
1904 DREW STREET CLEARWATER FL 34625 1904 DREW STREET CLEARWATER FL 34625 1904 DREW STREET	
3. Date Incorporated or Qu 11/19/1980	3a. Date of Lest Report 06/17/1996
2. Principal Place of Business 2a. Mailing Address 4. FEI Number NOT APPLICAL	BLE Applied For Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desi	ired \$8.75 Additional Fee Required
City & State City & State 6. Election Campaign Finar 28 Trust Fund Contribution	ncing \$5.00 May Be Added to Fees
	oility for intangible tax under s. 199.032, ☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of I	New Registered Agent
81 Name	
BENEKE, STEPHEN G. 1904 DREW STREET 82 Street Address (P.O. Box Number is Not Air	cceptable)
CLEARWATER FL 33575	
84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for office or registered gent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I herebagent. I am familiar with, and acceptate obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, by 4 or printegrams of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	for the purpose of changing its registered by accept the appointment as registered
	O OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE PD	Change Addition
NAME TICE, GEORGE 1.2 NAME DONOVAN, KENNET	тн к.
STREET ADDRESS 2292 COSTARICAN DR., #20 1.3 STREET ADDRESS 411 Palm Island	S.E.
CIP-SI-ZIP CLEARWATER FL 14 CITY-SI-ZIP Clearwater, FL	34630
TIME YD 2.1 TITLE 2.1 TITLE	☐ Change ☐ Addition ☐
NAME RENTROE, C.E. 2.2 NAME	
STREET ADDRESS 502 ALTHEA ROAD 2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE STD DELETE 3.1 TILE COMP.	Change Addition
STD	K Chands Magnificial
CIDET ADDRESS AND BE TICE, GEORGE	
CITY-ST-ZIP CLEARWATER FL 33.55 INCEL ADDRESS 2292 Costarican	laDrive, #20
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	_ • _
STREET ADDRESS 43 STREET ADDRESS	
CRTY-ST-ZIP 4.4 CRTY-ST-ZIP	
TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
City-St-ZiP 5.4 City-St-ZiP	
TITLE DELETE 61 TITLE	Change Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	i
CITY-ST-ZIP 64 CITY-ST-ZIP	

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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed or on in prachiment with an address.