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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 767700

(8)

FILED May 20 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 9700 KOGER BLVD P O BOX 21621 SUITE 111 KOGERAMA BLDG GATEWAY STATION ST PETERSBURG FL 33742-8621 ST PETERSBURG FL 33742-1621									
US		US			 Date incorporated or Qu 03/28/1983 	alified 3a. Da	te of Last F 05/01/19	leport 96	
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number 59-2399148	······································		oplied For ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Des	ired 🔲	\$8.75	Additional equired	
City & State	9	City & State			Election Campaign Finar Trust Fund Contribution	ncing		May Be to Fees	
Zip 24	Country 25	Zip 29	Cour	otry	8. This corporation has liab Florida Statutes	ility for intangible	tax under s		
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				81 Name					
WILLIAMS, HERB 4406 LEONA STREET				B2 Street	Address (P.O. Box Number is Not Acceptable)				
N/A			Ī	83					
TAMPA F	L 33629		-	B4 City			les 7in	Code	
*********	TAMEN I E 33028			D4 City		FL	85 Zip	CODE	
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office or r agent. I a SIGNATURE	egistered agent, or both, in the State of familiar with, and accept the obliging the obligation of the obliging the obligation of the obliging the obliging the obliging the obliging the o	ations of, Section 617.0503, Fi	iorida Stati	ites.	e required when reinstating)	-8-97 DATE			
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4. To nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5-8-97

Daytime Phone # 0051458