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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	STREET	Mailing Address 3602 CYPRESS STREET P.O. BOX 23808			
TAMPA FL 336	07-4916	TAMPA FL 33607-4916		3. Date Incorporated or Qualified	3a. Date of Last Report
				07/22/1970	01/29/1996
	ace of Business	2a, Mailing Address		4. FEI Number 31-0747629	Applied For
Suite, Apt	#, etc	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	)	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> ]	Country	<b>28</b>	Country	Trust Fund Contribution  8. This corporation has liability for i	Added to Fees
24	25	<b>├</b> ──	100		Yes No
	9. Name and Address of Curre	nt Registered Agent	B1 Name	10. Name and Address of New Re	pistered Agent
SECHRIST, ERIC J. 3602 CYPRESS ST TAMPA FL 33607			<ul><li>82 Street Add</li><li>83</li><li>84 City</li></ul>	ress (P.O. Box Number is Not Acceptab	FL 85 Zip Code
11. Pursuant to office or reagent. Lar SIGNATURE	TIN Weck		s, the above-named corruthorized by the corporal ida Statutes.  Registered Agent signature requ	poration submits this statement for the pation's board of directors. I hereby acception the patient when reinstating	urpose of changing its registered it the appointment as registered
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TUTLE	PD	☐ DELETE	1,1 TITLE		Change Addition
NAME	SECHRIST, JOHN R. 207 QUITMAN		1.2 NAME		γ '
STREET ADDRESS	DAYTON, OH 00000		1.3 STREET ADDRESS 1.4 City-St-Zip	•	
TITLE	<b>VPT</b>	DELETE	2.1 TITLE		Change Addition
NAME	SECHRIST, ERIC S		2.2 NAME	<b>1</b>	<b>,</b> ,
STREET ADDRESS	3602 CYPRESS ST		2.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL	T percen	2 4 CITY-ST-ZIP		Change Addition
TITLE	HULL, DIANE	DELETE	3.1 TITLE 3.2 NAME		Change Addition
NAME STREET ADDRESS	3638 CYPRESS ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIF	,	DOLLTE	4.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		Change L Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TOLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-SI-ZIF			6.4 CITY-ST-ZIP		
information	rundicated on this annual report or	eumplementat annual report le tri	ie and accurate and the	id in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	I effect as if made under nath: that

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/97

Daytime Prione #

**FILED** 

Apr 10 1997 8:00am

Secretary of State