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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATION\$

1997

FILED Jan 27 1997 8:00am Secretary of State

Principal Piace of Business 225 DUNBAR COURT OLDSMAR FL 34677 Maring Address 225 DUNBAR COURT OLDSMAR FL 34677 OLDSMAR FL 34677					
				3. Date Incorporated or Qualified 11/05/1980	3a. Date of Last Report 03/15/1996
	2. Principal Place of Business 2a. Mailing Addres			4. FEI Number	Applied For
Suite, Apt	# etc	26 315 DUN Surte, Apt. #, etc.	DAR CT.	35-1456139	Not Applicable \$8.75 Additional
22	n, 000	27 Box 7000		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State	-	6. Election Campaign Financing	\$5.00 May Be
23		28 OLDSMAR		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25 9. Name and Address of Cur	29 34677-0104 rent Registered Agent	30 PINGLLAS	Florida Statutes 10. Name and Address of New Rec	
1 44			81 Name		
Lanagan, John B. 225 Dunbar Ct		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	OLDSMAR FL 34677			aress (F.O. box Number is Not Acceptab	
			83		
			84 City		85 Zip Code
-,				rporation submits this statement for the pation's board of directors. I hereby accept	FL S 2 D COOR
SIGNATURE	Signature, typed or printed name of registered	agent and tice if applicable INOTE AND DIRECTORS	Registered Agent alignature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTORS IN 12
TITLE	PD	☐ CÆLETE	1.1 TITLE		Change Addition
NAME	LANAGAN, JOHN B.		1.2 NAME		-
STREET ADDRESS	225 DUNBAR CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		1.4 CITY - ST - ZIP		
THILE	VD	DELETE	2 1 TITLE		Change Addition
NAME DIRECT APPROPRIES	MUNRO, RICHARD D 225 DUNBAR CT		2.2 NAME		
STREET ADDRESS	OLDSMAR FL		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	TSD	DELETE	3.1 TITLE		Change Addition
NAME	RYBICKI, ANITA M.	*****	3.2 NAME		• —
STREET ADDRESS	*** *** **		3.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MUNRO, JEAN M.		4. 2 NAME		
STREET ADDRESS	225 DUNBAR CT		4 3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL	DELETE	4.4 City-St-ZIP		Change Addition
TITLE		DELETE	5.1 TITLE		Change Addition
NAME CAUCEA ADDAMOG			5.2 NAME		
STHEFT ADDRESS	Į.		5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
CITY - ST - ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	1		6 3 STREET ADDRESS		

6.4 City+ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment yet an address.

SIGNATURE: