## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMEN T OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

POCUMENT # F08695

(1)

	FILED
Jul 22	1997 8:00am
Secr	etary of State

Principal Plac 2040 63RD AV ST. PETERSBU	E. S.	Mailing Address 2040 63RD AVE. S. ST. PETERSBURG FL 33	712		
				DO NOT WRITE	
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	face of Business	2a. Mailing Address		12/11/1980 4. FEI Number	03/26/1996
21	idos of Dusiness	26			Applied For
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.		59-2049277	Not Applicable  S8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Žiρ	Country	Zip	Country	8. This corporation owes or has pai	
24	25	29	30	Personal Property Tax due June	
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Re	gistered Agent
RANSOM, MCKINLEY 2040 - 63RD AVENUE, SOUTH			81 Namo		
			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
ST.	PETERSBURG FL 33712				
			83		
			84 City		85 Zip Code
					<b> </b>
11. Pursuant	to the provisions of Sections 607 050				
office or r	egistered agent, or both, in the State	/2 and 607.1508, Florida Statu . of Florida. Such change was	tes, the above-named cor	poration submits this statement for the protection's heard of directors. It hereby accept	urpose of changing its registered
office or r agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliga	i2 and 607.1508, Florida Statu of Fiorida. Such change was ations of, Section 607.0505, Fl	tes, the above-named cor authorized by the corpora lorida Statutes.	poration submits this statement for the pi ition's board of directors. I hereby accep	urpose of changing its rogistered it the appointment as registered
SIGNATURE				poration submits this statement for the partition's board of directors. It hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ont and fille if applicable (NO	TE: Registered Agent signature requ	ined when reinstating)	DATE
SIGNATURE		ont and title if applicable (NO DISECTORS	TE: Registored Agent signature requ		DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered age OFFICERS ANI	ont and fille if applicable (NO	15: Registered Agent signature requests.	ined when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AND P RANSOM, MCKINLEY	ont and title if applicable (NO DISECTORS	11. Registered Agent signature required 11. 1.1 Titls 1.2 NAME	ined when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS ANI P RANSOM, MCKINLEY 2040 63RD AVE, S	ont and title if applicable (NO DISECTORS	13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS	ined when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P RANSOM, MCKINLEY 2040 63RD AVE, S ST PETERSBURG, FL 00000	ont and title if applicable (NO D DIRECTORS   DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-7PP	ined when reinstating)	DATE ERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	P RANSOM, MCKINLEY 2040 63RD AVE, S ST PETERSBURG, FL 00000 V	ont and title if applicable (NO DISECTORS	18. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-7PP 2.1 TITLE	ined when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME	P RANSOM, MCKINLEY 2040 63RD AVE, S ST PETERSBURG, FL 00000 V RANSOM, MARY A	ont and title if applicable (NO D DIRECTORS   DELETE	18: Registered Agent signature required 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-7IP 2.1 TITLE 2.2 NAME	ined when reinstating)	DATE ERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P RANSOM, MCKINLEY 2040 63RD AVE, S ST PETERSBURG, FL 00000 V RANSOM, MARY A 2040 63RD AVE, S	ont and title if applicable (NO DID DIRECTORS   DELETE	18. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-7IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ined when reinstating)	DATE ERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANSOM, MCKINLEY 2040 63RD AVE, S ST PETERSBURG, FL 00000 V RANSOM, MARY A	ont and title if applicable (NO DID DIRECTORS   DELETE	18: Registered Agent signature required 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-7IP 2.1 TITLE 2.2 NAME	ined when reinstating)	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition
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am an officer or director of the corporation or the receiver or trustee empowered the execute this report as required by Chapter 607, Floridal Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.