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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 17 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F14183

(0)

THEODORE H. BLAU, PH.D., P.A.

appears in Block 12 or Block 13 if

Principal Place of Business Mailing Address 213 E DAVIS BLVD 213 E DAVIS BLVD TAMPA FL 33606-3728 TAMPA FL 33606 3. Date Incorporated or Qualified 3a. Date of Last Report 04/30/1996 01/01/1981 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-2056663 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s. 199.032. Country Country Zip Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name R1 BLAU, THEODORE H 213 E DAVIS BLVD 62 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 63 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE BLAU, THEODORE H 1.2 NAME NAME 213 E DAVIS BLVD 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE 1011 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CHTY - ST - ZIF Change Addition DELETE 3.1 TITLE THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETÉ 4.1 TITLE THLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - \$1 - ZIP DELETE Change ... Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE THILE 6.2 NAME NAME 6.3 STREET ADDRESS 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

an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR