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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNU	JAL REPORT 1997	AL REPORT Secretary of Sta			В	DNS	Secretary of State				
	u Manie	22889 COUNTING SERVIC	(2) ES, INC.				S (1841) DO 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11/10 11	OMANA BYOMA A	(A)) 1414 1	NAH BURHLURAL	
Principal Place of Business % EDUARDO TOLEDO 4403 W CLIFTON STREET TAMPA FL 33614		Mailing Address * EDUARDO TOLEDO 4403 W CLIFTON STREET TAMPA FL 33614-5423									
							 Date incorporated or Qualified 03/11/1981 		te of Las)1/199(
2. Principal P	lace of Business	2a. Ma	ailing Address			··· · · · · · · · · · · · · · · · · ·	4. FEI Number	1 00/		Applied For	
21		26					59-2077469			Not Applicat	le
Suite, Apt. 22	#, etc	27 Su	ite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	}
City & Stati	0	·	y & State				Election Campaign Financing Trust Fund Contribution		\$5.0	O May Be	
7 _{(P}	Country Zip 29 30				ntry	······ · · · · · · · · · · · · · · · ·	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
[24]		ress of Current Registere	d Agent	190)			10. Name and Address of New Re				-
	EDO, EDUARDO				B1	Name					
4403 W CLIFTON STREET					82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			-
TAM	IPA FL 33614				63						
								·			
					1 1 1 1 1 1 1 1 1 1					ip Code	
11. Pursuant	to the provisions of Se	ctions 607.0502 and 607.1	1508, Florida Statu	tes, the at	OOVE	-named cor	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of	changin	g its registere	d
agent. La	im familiar with, and ac	copt the obligations of Se	ection 607.0505, F	lorida Stat	utes	ino conport	anorth board or an octoror recoop accorp	r mo upp		10 10 gioto i 0 0	
SIGNATURE	Sourceford typind or princed inst	ox of registered agent and little if ap	plicable (NO	TE: Registeres	d Age	nt signature requ	ulred when reinstating)	DATE			-
12.		OFFICERS AND DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			8
THEFE	PS FOLLOW	•	DELETE	1.1 Ti		1			Chang	ge 🔲 Additi	on §
NAME .	TOLEDO, EDUARI 4403 W CLIFTON			1.2 N							2
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NAME				62 N	AME	1					
STREET ADDRESS]					ADDRESS					
City - St - ZiP				6.4 C	TY-S	T-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 of the power 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 with an address.

SIGNATURE:

FILED

May 02 1997 8:00am