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 CORPORATIONS

1997 DOCUMENT # F43469

(8)TEAM INVESTMENT AND PROMOTION CORPORATION

Principal Place of Business 401 2ND ST E P O BOX 86 INDIAN ROCKS BEACH FL 34635-7096		Mailing Address					
		401 2ND ST E P O BOX 96 INDIAN ROCKS BEACH FL 33785-0096		*			
					3. Date Incorporated or Qualified		
· ·	Place of Business	2a. Mailing Address			4. FEI Number 59-2349533		Applied For
Suite, Apt	#. etc	Suite, Apt. #, etc.		*		\$8.7	Not Applicable 75 Additional
22		27			Certificate of Status Desired	1 4	e Required
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Ζιρ	Country	Zip	Country	'	8. This corporation has liability for in		er s. 199.032,
24	25 9. Name and Address of Curre	29	30		Florida Statutes 10. Name and Address of New Reg	Yes No	
OUD		ur vediaraten vdeur	81	Name	10. Name and Address of New Net	Jisterac Water	
401	RISTNER, ALAN S., JR. SECOND STREET EAST				dress (P.O. Box Number is Not Acceptab	e)	
	TE 231 IAN ROCKS BEACH 34635		83				
1101	PAT FIGURE PEROTI STORE		84	City		lori	Zip Code
			104	City		FL 85	zip Cooe
SIGNATURE	Significant typed in post-ordere of registered ag	unit and title if applicable. (N	OTE Registered Ag		poration submits this statement for the p ation's board of directors. I hereby accep ured when reinstating)	DATE	
12.	The state of the s	ID DIRECTORS DELETE	13.	·····	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
THE	PSV VANLEUVEN, PIERRE	L' DETETE	1.1 TITLE 1.2 NAME			L., Unai	ide (T) voquo
SIREFT ADDRESS	401 SECOND ST E, STE 231		1.3 STREET	ADDRESS			
Carry S1-ZiP	INDIAN ROCKS BCH FL		1.4 CITY-5	- 1			
TITLE		☐ DELETE	2.1 TITLE			Chai	nge Additio
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
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NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY -ST - ZiP			4.4 CITY-	ST-ZIP			——————————————————————————————————————
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NAME			5.2 NAME				
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Mawii Mawii			e a etocc	TUDDECC			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 trusted ampowered 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.

FILED

Apr 10 1997 8:00am

Secretary of State

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