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

**CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F51312

(9)

Mailing Address

LINDSAR ENTERPRISES, INC.

**FILED** May 02 1997 8:00am Secretary of State

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1519 GULF BLY INDIAN ROCKS	VD BCH. FL 34635		1519 GULF BLVD INDIAN ROCKS BCH. FL	33785-2733				
						3. Date Incorporated or Qualified 10/27/1981	3a. Date of Las 05/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	1 32,37,135	Applied For		
21 26		26		59-2136090		Not Applicable		
Suite, Apt. #, etc.			Suite, Apt #, etc.			□ \$8.7	5 Additional	
		2	7		5. Certificate of Status Desired Fee Required			
City & State City &		City & State			6. Election Campaign Financing	\$5.1	00 May Be	
23			28		Trust Fund Contribution Added to Fees			
Zip	Coun	Iry	Zφ	Countr	/	8. This corporation has liability for in		
24	25	2:	THE RESIDENCE OF THE PARTY OF T	30			Yes 🗌 No	
		ress of Current Reg	distered Agent			10. Name and Address of New Reg	istered Agent	
	rador, cesar			81	Name			
	87 117TH LANE N.			62	Street Add	dress (P.O. Box Number is Not Acceptable	e)	
LAR	GO FL 33544			["	00017100	See See See House is not vecebrade	~ <i>,</i>	
				83				
				84	Cau		TT_	
					1		FL I	ip Code
11. Pursuant	to the provisions of So	ctions 607.0502 and	1607.1508, Florida Stati	utes, the abov	e-named cor	rporation submits this statement for the pu	roose of oberroin	g its registered
Onice or r	registereo agent, or do	in, in ine State of Hi	orida. Such change was of, Section 607.0505, F	s authorized b	the corpora	ation's board of directors. Thereby accept	t the appointment	as registered
SIGNATURE		pr 550. ganona	11, 0000011 001 10000, 1	NAME OF GROOM				
SIGNATURE	Signature, typed or printed nar	me of registered agent and	tile it applicable. (NC	D1F. Registered Ag	ont signature requ	ured when reinstating)	DATE	
12.		OFFICERS AND DIF		18.		ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	VTS		☐ DELETE	1.1 TITLE			☐ Chang	ge Addition
NAME	LABRADOR, LINDA			1.2 NAME				
STREET ADDRESS	10887 117TH LAN	E N.		1.3 STREE	ADDRESS			
CITY-ST-ZIP	LARGO FL			1.4 CITY-1	ST-7IP			
TITLE	D		DELETE	21 TOTLE			Chang	ge Addition
NAME	Labrador, Linda			2 2 NAME				
STREET ADDRESS	10887 117TH LAN	E N.		2.3 STREET	ADDRESS	. <del>.</del>		ļ
CITY-ST-ZIP	LARGO FL			2 4 CITY-	S1 - ZIP			1
TITLE	PD		DELETE	3 1 111( E			Chang	ge Addition
NAME	LABRADOR, CESA	R		3.2 NAME			•	
STREET ADDRESS	13295 - 98TH AVE			3.3 STREE	ADDRESS			1
CITY-ST-ZIP	SEMINOLE FL			3.4. CITY-				
TITLE	<del>12</del> ,		☐ DELETE	4.1 TITLE			Chang	ge Addition
NAME				4, 2 NAME				
STREET ADDRESS				4.3 STREET	AODRESS			
CITY-ST-ZIP				4.4 CHY-5				]
TITLE			DITTE	5.1 TITLE	• • • • • • • • • • • • • • • • • • • •		☐ Chang	e Addition
NAME			_	5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S				
TITLE			DELETE	6.1 THUE	1-Fit		Chang	e Addition
NAME				6.2 NAME				io El radioon
STREET ADORESS				6 3 STREET	ADDRESS			
CITY-ST-ZIP		*************		6.4 CITY - 9	I - ZIP			

I do hereby certify that the information supplied with this filling 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 with an address.