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



## Sandra B. Mortham

FILED
Mar 13 1997 8:00am
Secretary of State

COF	PROFIT RPORATION JAL REPORT 1997	FLORIDA ( San Si	IS \$550.00 DEPARTMENT OF STATE dra B. Mortham ecretary of State	Mar 13	TLED 1997 8:00a ary of State
1. Corporation AYERS,  Principal Place 567 8. DUNCA	MENT # F5518 SACLARIDES & COMPA Se of Business IN AVE.		<b>E</b> .		
P.O.BOX 6255 CLEARWATER		CLEARWATER FL 34	4618-6255	Date incorporated or Qualified     11/18/1981	3a. Date of Last Report 04/02/1996
	Place of Business	26. Mailing Addres	S	4. FEI Number	Applied For
Suite, Apt.	#. etc.	26   Suite, Apt. #, et		59-2135127	Not Applicate \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	Trust Fund Contribution  8. This corporation has liability for	
4	25 9. Name and Address of Cu	29	30		Yes No
i1. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida	83 84 City Statutes, the above-named oc	rporation submits this statement for the	FL 85 Zip Code purpose of changing its register
	to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the o	.0502 and 607.1508, Florida State of Florida. Such change obligations of, Section 607.05	Statutes, the above-named oc was authorized by the corpor 05, Florida Statules.	progration submits this statement for the ation's board of directors. I hereby acc	FL   T
SIGNATURE	Signature, typed or printed name of registere	ed agont and tille if applicable	Statutes, the above-named oc was authorized by the corpor 05, Florida Statules.  (NOTL Registered Agent signature rec	quired when reinstating)	purpose of changing its registered the appointment as registered DATE
SIGNATURE	Signature, typed or printed name of registere OFFICERS		Statutes, the above-named oc was authorized by the corpor 05, Florida Statutes.  (NOTE Registered Agent signature rec		purpose of changing its registered the appointment as registered DATE
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registere OFFICERS PTD AYERS, JAMES T	ed agont and tile if applications	Statutes, the above-named or was authorized by the corpor 05, Florida Statutes.  (NOTL: Registered Agent signature rec. 13.  IE 1.1 TILE 1.2 NAME	quired when reinstating)	purpose of changing its registered the appointment as registered DATE
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registere OFFICERS PTD AYERS, JAMES T 567 S. DUNCAN AVE.	ed agont and tile if applications	Statutes, the above-named or was authorized by the corpor 05, Florida Statutes.  (NOTE: Registered Agent signature rec 13.  IE 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating)	purpose of changing its registered the appointment as registered DATE
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  DITY-ST-ZIP  TITLE	Signature, typed or printed name of registere OFFICERS PTD AYERS, JAMES T 567 S. DUNCAN AVE. CLEARWATER FL -V -AYERS, CAROL-S.	od agont and tale if applicative  AND DIRECTORS  DELE	Statutes, the above-named or was authorized by the corpor 05, Florida Statutes.  (NOTE Registered Agent signature rec 13.  IE 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP	quired when reinstating)	purpose of changing its registered the appointment as registered DATE  DATE  ICERS AND DIRECTORS IN 12  Change Additional Additional Change Additional Chang
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CALLET ADDRESS  STREET ADDRESS	Signature, typed or printed name of registere OFFICERS PTD AYERS, JAMES T 567 S. DUNCAN AVE. CLEARWATER FL -V -AYERS, CAROL-S.	od agont and title if applications  AND DIRECTORS  DELE	Statutes, the above-named oc was authorized by the corpor 05, Florida Statutes.  (NOTE Registered Agent signature rec    13.  14. In the   13. STREET ADDRESS   14. CHY-SI-ZIP  14. CHY-SI-ZIP  15. 2. NAME   2.3. STREET ADDRESS   2.4. CHY-SI-ZIP  16. 3.1 TITLE   3.2. NAME   3.3. STREET ADDRESS   3.4. CHY-SI-ZIP	quired when reinstating)	purpose of changing its registered the appointment as registered DATE    DATE     Change
SIGNATURE  12.  11/1E  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	Signature, typed or printed name of registere OFFICERS PTD AYERS, JAMES T 567 S. DUNCAN AVE. CLEARWATER FL -V -AYERS, CAROL-S.	DELE	Statutes, the above-named oc was authorized by the corpor 05, Florida Statutes.  (NOTE: Pegisterod Agent signature rec 13.  IE 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP  IE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP  IE 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP	quired when reinstating)	purpose of changing its registered the appointment as registered DATE  DATE  CHANGE AND DIRECTORS IN 12  Change Additional Change Addition
SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registere OFFICERS PTD AYERS, JAMES T 567 S. DUNCAN AVE. CLEARWATER FL -V -AYERS, CAROL-S.	od agont and title if applications  AND DIRECTORS  DELE	Statutes, the above-named oc was authorized by the corpor 05, Florida Statutes.  (NOTE: Pegisterod Agent signature rec 13.  IE 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP  IE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP  IE 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP	quired when reinstating)	purpose of changing its registered the appointment as registered DATE  DATE  CHANGE AND DIRECTORS IN 12  Change Additional Change Addition
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registere OFFICERS PTD AYERS, JAMES T 567 S. DUNCAN AVE. CLEARWATER FL -V -AYERS, CAROL-S.	DELE	Statutes, the above-named oc was authorized by the corpor 05, Florida Statutes.  (NOTE: Posistered Agent signature rec 13.  IE 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP  IE 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP  IE 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP  IE 4.1 TILE 4.2 NAME 4.3 STREET ADDRESS 3.4 CHY-ST-ZIP	quired when reinstating)	purpose of changing its registered the appointment as registered DATE    DATE     ICERS AND DIRECTORS IN 12     Change
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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 received 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.