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

**PROFIT** CORPORATION ANNUAL REPORT

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SIGNATURE



FLORIDA DEPARTMENT OF STATE

Signature, Typical or printed name of registered agent and little if applicable

CORPORATION ANNUAL REPORT 1997			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Secretary of State			
	IENT # Pame CRO TURNI	<b>F62891</b> NG, INC.		(9)			) 		THE EAST I BANK BANK ACCU
Principal Place of Businoss % HERMAN BLITZ 945 HARBOR LAKE COURT SAFETY HARBOR FL 34695			Mailing Address % HERMAN BLITZ 945 HARBOR LAKE COURT SAFETY HARBOR FL 34695-2303						
							3. Date Incorporated or Qualified 01/12/1982	ı	te of Last Report 9/1996
2. Principal Place of Business			26.	2a. Mailing Address			4. FEI Number	L	Applied For
1			26			59-2185849		Not Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State			28	City & State			Election Campaign Financing     Trust Fund Contribution	П	\$5.00 May Be Added to Fees
Zιρ	25	Country	29	Zip Co.	untry	<del></del>	8. This corporation has liability for in		
9. Name and Address of Current Registered Agent					1	10. Name and Address of New Registered Agent			
BLITZ, HERMAN 945 HARBOR LAKE COURT SAFETY HARBOR FL 34695				83	82 Street Address (P.O. Box Number is Not Acceptable)				

FILED

Mar 28 1997 8:00am

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) Change Addition DELETE TOTAL 1.1 TITLE **BLITZ. HERMAN** 1.2 NAME **CR2E034** 1851 OAK CR DR 1.3 STREET ADDRESS STREET ADDRESS **DUNEOIN FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TATLE THILE BLITZ, MARK R. 2.2 NAME NAME 33 BISHOP CREEK DRIVE 2.3 STREET ADDRESS STREET ADDRESS SAFETY HARBOR FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE BLITZ, URSULA B. 3.2 NAME 1851 OAK CR DR STREET ADDRESS 3.3 STREET ADDRESS DUNEDIN FL CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE 41 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST-ZIP

5 t TITLE

5.2 NAME

6.1 TITLE 6.2 NAME 6 3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 City-St-ZiP

(NOTE: Registered Agent signature required when reinstating)

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 arrival 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.

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY - S1 - ZiP

CITY-ST-7/2

SIGNATURE AND TYPED OR PRINTED NAME

DELETE

DELETE

BLITZ

Change

Change

Addition

Addition