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

PROFIT CORPORATION **ANNUAL REPORT** 

1997

TITLE NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # F63520** 

(3)

Principal Place of Business Mailing Address  13325 US HWY 19 N. CLEARWATER FL 44829 US  US  LEARWATER FL 44829 US			<del>] •</del>				
		•		Date Incorporated or Qualified     01/12/1982		ete of Last R 23/1996	eport
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2229975	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		pplied For of Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	×	\$8.75 / Fee Re	Additional
City & State	e	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Be
Zip	Country	29 33764-7225 <sub>3</sub>	Country	B. This corporation has liability for Florida Statutes		tax under s	
24 5 5 5	g, Name and Address of Currer		"J	10. Name and Address of New I			
CRANTON, GEORGE D. 13325 US HWY 19 N. CLEARWATER FL <del>84824 -</del>			81 Name 82 Street Add 83 84 City	dress (P.O. Box Number is Not Accept	able)	85 Zig (	Qode
SIGNATURE	to the provisions of Sections 607.05.6 egistered agent, or both, in the State or familiar with, and accept the obliging signature, typed or printed name of registered agent OFFICERS AN	nt and title if applicable (NOTE: I	Registored Agent signature requ		DATE		
12.	PTD	DEFE	13.	ADDITIONS/CHANGES TO OFF	ICENS AINL	Change	Addition
NAME Street address	CRANTON, GEORGE D. 13325 US HWY 19 N. CLEARWATER FL	олга	1.2 NAME 1.3 STREET ADDRESS			C Onlange	C) Addition
TITLE NAME STREET ADORESS	VAT WALL, BARRY L. 13325 US HWY 19 N. CLEARWATER FL	DELETE	1.4 CHY-ST-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS			Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	OLLAHWAIEN FL	Ditil	2. 4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	3.4. CHY-S1-7IP 4.1 THE 4.2 NAME 4.3 STREELADORESS	/* · · · · · · · · · · · · · · · · · · ·		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ orién	4 4 CITY - ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STHELT ADDRESS			Change	Addition

6 4 City - S1 - 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 logal 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.

DELETE

Change

Addition

**FILED** 

Apr 15 1997 8:00am

Secretary of State