

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

FILED  
Mar 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F73086 (3)

1. Corporation Name  
TYSOT ENTERPRISES, INC.



Principal Place of Business Mailing Address  
10821 CANAL STREET 10821 CANAL STREET  
LARGO FL 34647 LARGO FL 33777-1636

3. Date Incorporated or Qualified 03/23/1982 3a. Date of Last Report 04/17/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2174809	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PRATS, LUIS  
424 CENTRAL AVE., 10TH FLOOR  
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAMS, ROBERT	12 NAME	
STREET ADDRESS	1934 COVE LANE	13 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER, FL 00000	14 CITY- ST- ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAMS, ROBERT	22 NAME	
STREET ADDRESS	1934 COVE LANE	23 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER, FL 00000	24 CITY- ST- ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAMS, DALE	32 NAME	
STREET ADDRESS	1934 COVE LANE	33 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER, FL 00000	34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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 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.

SIGNATURE: *Robert Abrahams* 3/19/97 (813) 544-8025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)