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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 21 1997 8:00am Secretary of State

		Mailing Address P O BOX 172335 TAMPA FL 33672-0333	;		3. Date Incorporated or Qualified	<b>3a.</b> Date o	f Last R	
2. Principal	Place of Business	2a. Mailing Address	······································	· · · · · · · · · · · · · · · · · · ·	03/24/1982 4. FEI Number	02/26/1		plied For
]		26	<b></b>		59-2390143			t Applicable
Suite, Apt. #, etc.		<b>├</b> ── ' ' ' '	Suite, Apt #, etc.		6. Certificate of Status Desired	□ <b>\$</b>		Additional
City & State		City & State		6. Election Campaign Financing	Fee Required  \$5.00 May Be			
Ziρ	Country	<b>28</b>	Co	untry	Trust Fund Contribution  8. This corporation has liability for		Added t	
7	25	29	30		Florida Statutes	Yes 🔲 N	0	. 199.032,
	9. Name and Address of Cu	rrent Registered Agent		81 Name	10. Name and Address of New R	legistered Ager	nt	
	oore, harold e. 4 Danube ave				dress (P.O. Box Number is Not Accepte	ahla)	<del></del>	
TAI	MPA FL 33606							<del></del>
				83				
				84 City		FL 8	Zip (	Code
SIGNATURE	E				rporation submits this statement for the ation's board of directors. I hereby acception			
2.	Signature type dior ponted name of registere OFFICERS	AND DIRECTORS	13	ed Agent signature req	jured when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIF		********
T <sub>L</sub> F	Signature typed or profed name of registers OFFICERS  DVS	· _ · _ · _ · · · · · · · · · · · · · ·	13	ed Agent signature req	jured when reinstating)	DATE ICERS AND DIF	RECTOF Change	********
TLF AME	Signarie by ed or profed name of registare OFFICERS DVS MOORE, LINDA S	AND DIRECTORS	13 E 1.11 121	ed Agent signature req	jured when reinstating)	DATE ICERS AND DIF		*********
ITLE AME TREET ADORES	Signature type discrepted injurie of registate OFFICERS DVS MOORE, LINDA S	AND DIRECTORS	13 1.11 1.21 1.33	ed Agent signature req	jured when reinstating)	DATE ICERS AND DIF		*******
ITLE IAME TREET ADORES ITY-ST: ZIP TLE	OFFICERS  DVS  MOORE, LINDA S  604 DANUBE AVE  -TAMPA, FL 00000  DP	AND DIRECTORS	13 1.11 12) 13.5 1.40 2.11	od Agent signature req ITILE IAME ITHEET ADDRESS ITHY-ST-ZIP	jured when reinstating)	DATE ICERS AND DIF		********
TLE IME HEET ADORES TY-ST-ZIP ILE IME	OFFICERS  DVS  MOORE, LINDA S  604 DANUBE AVE  -TAMPA, FL 00000  DP  MOORE, HAROLD E	AND DIRECTORS	138 E 1.17 127 138 1.40 E 2.51 2.21	ed Agent signature req ITLE IAME STHEET ADDRESS SITY-ST-ZIP ITLE IAME	jured when reinstating)	DATE ICERS AND DIF	Change	Addition
ITLE AME TREET ADDRES ITY-ST: ZIP TLE AME THEET ADDRES	OFFICERS  DVS  MOORE, LINDA S  604 DANUBE AVE  -TAMPA, FL 00000  OP  MOORE, HAROLD E  604 DANUBE AVE	AND DIRECTORS	13 1.11 1.21 1.35 1.4 2.21 2.21	ed Agent signature req ITLE IAME STREET ADDRESS SITY - ST - ZIP ITLE IAME STREET ADDRESS	jured when reinstating)	DATE ICERS AND DIF	Change	☐ Addition
ITLE IAME ITREET ADORES DITY-ST-ZIP ITLE IAME ITHEET ADORES DITY-ST-ZIP	OFFICERS  DVS  MOORE, LINDA S  604 DANUBE AVE  -TAMPA, FL 00000  DP  MOORE, HAROLD E	AND DIRECTORS	13 1.11 1.21 1.35 1.44 2.11 2.21 2.33 2.4	ed Agent signature req ITLE IAME STREET ADDRESS SITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP	jured when reinstating)	DATE ICERS AND DIR	Change	Addition
TLF  AME  1966 LADORES  TLY-ST-ZIP  TLE  AME  THEET ADORES  TLY-ST-ZIP  TLE  AME	OFFICERS  DVS  MOORE, LINDA S  804 DANUBE AVE  TAMPA, FL 00000  OP  MOORE, HAROLD E  604 DANUBE AVE  TAMPA, FL 00000	AND DIRECTORS  DELETI DELETI	13 E 1.11 1.22 1.33 1.44 2.11 2.21 2.33 2.4 E 311 3.21	ed Agent signature req  ITLE  IAME  ITHEET ADDRESS  ITY-ST-ZIP  ITLE  IAME  ITHEET ADDRESS  CITY-ST-ZIP  ITLE  IAME  ITHEET ADDRESS  LITY-ST-ZIP  ITHEET ADDRESS  LITY-ST-ZIP  ITHEET ADDRESS  LITY-ST-ZIP  ITHEET ADDRESS	jured when reinstating)	DATE ICERS AND DIR	Change Change	Addition
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12.  ITLE  LAME STREET ADDRESS DITY-ST-ZIP TITLE  LAME LAME LAME LAME LAME LAME LAME L	OFFICERS  DVS  MOORE, LINDA S  604 DANUBE AVE  TAMPA, FL 00000  DP  MOORE, HAROLD E  604 DANUBE AVE  TAMPA, FL 00000	DELETI	13 E 1.11 1.21 1.33 1.44 1.2 4.33 4.4 1.5 1.1 5.21 5.33 5.4 1.5 5.1 5.21 5.33 5.4 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	ITLE IAME ITHEET ADDRESS INTY-ST-ZIP ITLE IAME ITHEET ADDRESS INTY-ST-ZIP ITLE IAME ITHEET ADDRESS ITHY-ST-ZIP ITLE IAME ITHEET ADDRESS ITHY-ST-ZIP ITLE ITHEET ADDRESS ITHY-ST-ZIP ITLE ITHEET ADDRESS ITHY-ST-ZIP ITLE IAME	jured when reinstating)	DATE FICERS AND DIF	Change Change Change Change	Addition  Addition  Addition
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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 trusfee 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.