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

· ·	MENT # F74757 ER 1ST, INC.	(8)					eren eren eren eren eren eren eren eren
Principal Place of Business Mailing Address					# 1004F00 1141 1004F 010F1 4064F 04411 401		I DEDLE BILLIK DIDER BEDIE 1081
4905 W. LAUREL ST. SUITE 200 TAMPA FL 33607		2601 HERON LANE CLEARWATER FL 34622 US					
US	•				3. Date Incorporated or Qualified		Date of Last Report // 1/1996
2 Principal P	face of Business	2a. Mailing Address			04/02/1982 4. FEI Number	1 00	Applied For
21 26					59-2239805		Not Applicable
Suite, Apt. #, etc.							\$8.75 Additional
22 27					5. Certificate of Status Desired		Fee Required
City & State City & State					6. Election Campaign Financing		\$5.00 May Be
23		28	т		Trust Fund Contribution		Added to Fees
Zip	Country Zip		<u> </u>	8. This corporation has liability for i		r intangibl □ Yes	
24	25 9. Name and Address of Currer	29	30		Florida Statutes 10. Name and Address of New R		
840.1		it neglistered Agent	8	1 Name		- gisioi o	- Agoin
MILLER, RONALD L 2601 HERON LN NO			-	2 Street	Address (P.O. Box Number is Not Accepta	iblo)	
CLEARWATER FL 34622			ľ	31661	Address (F.O. Box Number is Not Accepte		
			ε	3		•	
			E	4 City		FI	85 Zip Code
11. Pursuant office or r agent. La	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	12 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	rtes, the abo authorized lorida Statu	ove-named by the cortes.	d corporation submits this statement for the reporation's board of directors. I hereby acceptable to the control of the corporation of the corpora		
SIGNATURE	· · ·	· · · · · · · · · · · · · · · · · · ·					
12.	Signature, typed or printed name of registered agent and little if applicable (NOT OFFICERS AND DIRECTORS		TE Registered /	Agent signature	re required when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	ID DIRECTORS IN 12
TITLE	CD	DELETE		<u></u> F	ABBITTONS/OFFIANCES TO GIV	OLIIO AII	Change Addition
NAME	MILLER, RONALD L		12 NAM	ΙE			
STREET ADDRESS	2601 HERON LN NO		13 STRI	ET ADDRESS			
CITY - S1 - ZIP	CLEARWATER FL		1.4 CITY	- ST - ZIP			
TITLE	S	DELETE	21 TITL	E			Change Addition
NAME	MILLER, SHEILA L		22 NAM	E			
STREET ADDRESS	2601 HERON LN NO		2.3 STRI	ET ADDRESS			
CITY - ST - ZIP	CLEARWATER FL	T priese		/ - S1 - ZIP			
TITLE	P DDIAN N	DELÉTE	3 1 TiTL				☐ Change ☐ Addition
NAME	MILVAIN, BRIAN M 4340 45TH ST. SOUTH		3.2 NAM	_			
STREET ADDRESS CITY-ST-ZIP	ST. PETERSBURG FL			EET ADDRESS (-ST-ZIP			
TITLE	OI. I EIERODONO I E	DELETE	4.1 TITL				Change Addition
NAME		_	4. 2 NAM				- • -
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	- ST - ZIP			
TITLE		☐ DELETE	5.1 TITL	E			Change Addition
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STR	ET ADDRESS			
CITY-ST-ZIP		The Indiana		- ST - ZIP			T Access T Assess
TITLE		☐ DELETE	6.1 TITL				Change Addition
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	l		■ 5.4 GHY	- ST - 7IP	1		

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.

2/3/77

813-282-3803

FILED

Feb 13 1997 8:00am

Secretary of State