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

DOCUMENT # F80049

(2)

PAUL E. FLOWERS, INC.

FILED May 12 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 5205 CUMBERLAND DR. 5205 CUMBERLAND DR. TAMPA FL 33617 TAMPA FL 33617-8401									
						3. Date Incorporated or Qualified 05/05/1982		te of Last F 1/1996	Report
2. Principal Flace of Business 2a. Mailing Address						4. FEI Number	Applied For		
21		26				59-2195781			lot Applicable
Suite, Ap	I #, BIC	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & St	ote	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for in	tangible	tax under	s. 199.032.
24	25	29	30				Yes [
	9. Name and Address of Curre	nt Registered Agent			r	10. Name and Address of New Reg	stered	igent	
	OWERS, PAUL E.			81	Name				
	05 CUMBERLAND DR. MPA FL 33617				Street Addre	ess (P.O. Box Number is Not Acceptable)			
)				83		· · · · · · · · · · · · · · · · · · ·			
				B4	City		FL	85 Zip	Code
11. Pursuar office or agent I SIGNATURE						oration submits this statement for the pi on's board of directors. I hereby accept	rpose of the app	changing i pintment as	its registered registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TILE	D	DELETE	1.1 T	TLE				Change	Addition
NAME	FLOWERS, DUANE A		1.2 N	AME					
\$TREET ADDRESS			1.3 \$	TREET	address				
CITY-ST-ZIP	TAMPA, FL 00000			ITY-S	T-ZIP				······································
THILE	PD DATE DE DATE E	DELETE	2.1 T					Change	Addition
NAME	FLOWERS, PAUL E 5205 CUMBERLAND DR.		2.2 N						
STREET ADORES!	TAMPA, FL 00000				ADORESS				
TILLE	7741174120000	☐ DELETE	3.17		ST-ZIP			☐ Change	Addition
NAME		Frid Specific	3.2 N						
STREET ADDRESS	s		1		ADDRESS				
CHY-S1-7IF	-				ST-ZIP				
nrur		DELETE	417					Change	Addition
NAME			4.21	NAME					
STREET ADDRESS	s		4.3 S	TREET	ADDRESS				
C(TY - ST - Z(F)					T-ZIP				
TITLE		DELETE	5.1 T					Change	Addition
NAME			5.2 N		1				
STREET ADDRESS	S				ADDRESS				
CITY-ST-7IP	·	- I brieve		ITY-S	IT-ZIP			Change	a Autoria
TITLE		DEFELE	6.1 T					unange	Addition
NAME AMERICA MODILIS				AME	4000000				
STREET ADDRESS	*				ADORESS				
CITY-ST-ZII			6.40	17Y-S	I-ZIP				

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 13 if changed, or on an attachment with an address.

(813)(8)0089 Daytime Phone *