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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F82985

(5)

Principal Place of Business Mailing Address  3675 W. WATERS AVE. TAMPA FL 33614 US  P.O. BOX 263205 TAMPA FL 33685-3205 US									
						<ol> <li>Date Incorporated or Qualified 05/26/1982</li> </ol>		te of Las 21/199	st Report 6
	Place of Business	2a, Mailing Addr	ress			4. FEI Number			Applied For
Suite, Apt	# otc	26     Suite, Apt. #,	oto			59-2188033		60.7	Not Applicable
30ite, 747.	. W BIG.	27	, 610.			5. Certificate of Status Desired			5 Additional Required
City & Sta	te	City & State				6. Election Campaign Financing			00 May Be
23		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip		Country	1	8. This corporation has liability for			er s. 199.032,
24	25	29		0			Yes		
	9, Name and Address of Curr	ent Hegistered Agent		81	Name	10. Name and Address of New Re	gisterea A	tgent	
	LON, JOSE E.								
3675 W. WATERS AVE. TAMPA FL 33614				82	Street Add	Iress (P.O. Box Number is Not Acceptab	ole)		
) / W	MINIE VOOIT			83	ļ				
				84	City		<del></del>	1051 7	in Code
				54	City		FL	85 Z	Zip Code
agent. L	am familiar with, and accept the obli	ite of Florida. Such chan igations of, Section 607.	nge was au .0505, Flori	thorized by da Statute:	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accept	of the app	ointment	as registered
agent I SIGNATURE	am familiar with, and accept the oblining familiar with a printed name of registered a OFFICERS A	igations of, Section 607.	.0505, Flori (NOTE: 1	da Statute:	S.	ation's board of directors. I hereby accer blied when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE		TORS IN 12
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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** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-99

813-931-1649

Daytime Phone

**FILED** 

Feb 13 1997 8:00am

Secretary of State