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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT #

		EMICAL CORPORATION			
Principal Place of Business 100 NORTH TAMPA STREET SUITE 3200 TAMPA FL 33602		Mailing Address 100 NORTH TAMPA STREE SUITE 3200 TAMPA FL 33602-5810	T		41K 90KI 90KI 110K 110K 0191 PIKI 111K 111K
				 Date Incorporated or Qualified 05/22/1995 	3a. Date of Last Report 04/17/1996
L '	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.		13-3196719	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stale	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Ζιρ 24	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, X Yes No
		Current Registered Agent		10. Name and Address of New F	
	MAS M CALCATERRA		81 Name B	jorn Bach	
	1 Harbour Island Blvī T 2405	0		ress (P.O. Box Number is Not Accept	able)
	IPA FL 33602		83	00 N. Tampa St.,	S+0 3200
			84 City		FL 85 Zip Code 33602
11 Pursuant 1	to the provisions of Sections 6	67.0662 and 607.1508, Florida Statutes	s, the above-named cor	ampa poration submits this statement for the	purpose of changing its registered
office or n agent I a	egistered agent, of Soth, in the m familiar with and accept the	07 002 and 607.1508, Florida Statute e Sate of Florida. Such change was au higations of, Section 607.0505, Flor	ithorized by the corpora ida Statutes.	ition's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE	Signature Typing Sureed name of room	<i>17</i> · Y	h, Preside Regislered Agent signature requ		5/13/97 DATE
12.		RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
1HLE	PĆ	☐ DELETE	1.1 TIFLE	PCST	Change Addition
NAME	BACH, BJORN	011000	1.2 NAME		
STREET ADDRESS	100 N. TAMPA STREET,	, SUITE 3200	1.3 STREET ADDRESS		,
CITY-ST-ZIP TITLE	TAMPA FL 33602 DVST	DELETE	1.4 CITY - ST - 7IP 2.1 TITLE		Change Addition
NAME:	CALCATERRA, THOMAS		2.2 NAME		
STREET ADDRESS	100 N. TAMPA STREET,		2.3 STREET ADDRESS		
CITY-SI-ZIP	TAMPA FL		2. 4 CITY-ST- <i>zi</i> P		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME:	-		3.2 NAME		
STREET AUDRESS			3.3 STREET ADDRESS		
CITY - S1 - ZIP TITLE		DELETE	3.4. CHY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		E one of E was con
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - S1 - ZIP			4.4 City-St-ZiP		
THE		☐ DELETE	5.1 TIPLE		☐ Change ☐ Addition
KAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - S1 - 7IP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAM:			6.2 NAME	•	
L SERVICE TARGETS			E 3 CIREET ADDRECC		

SIGNATURE:

Bjorn Bach, President

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 angular 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 of 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 on an attachment with an address.

4/18/97

813-222-5700

FILED

May 21 1997 8:00am

Secretary of State