## ·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 # G05863

(7)

97 MAY -1 PH 1:56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  5908 N ARMENIA AVENUE \$908 N ARMENIA AVENUE						
SUITE 101 SUITE 101				ļ		
TAMPA FL 33	603	TAMPA FL 33603-1024		3. Date Incorporated or Qualified	i 3a. Date of Last Report	
			•	10/26/1982	06/17/1996	
2. Principal P	Place of Business	2e. Mailing Address	······································	4. FEI Number	Applied For	
21		26		59-2225917	Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	·	6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	ia	City & State		Election Compaign Financing		
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25	29	30	Florida Statutes	Yes No	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New F	Registered Agent	
	rdelli, larry p		81 Name	İ	j	
5908 N ARMENIA AVENUE			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
	TE 101		<u>                                     </u>	***************************************		
TAN	MPA FL 33603		83			
			84 City	·	85 Zip Code	
					FL 0 10000	
office or i agent 1 a SiGNATURE				rporation submits this statement for the ation's board of directors. I hereby acc		
12.	Signature, typed or printed name of registered	AND DIRECTORS (NOT	E: Registered Agent signature req	wired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	
TOLE	PTSD	DELETE	1.1 TITLE		Channa D Addition	
NAME	NARDELLI, LARRY P		1.2 NAME	600002	2168386—1 6/97-01127-014 165.00 ****165.00	
STREET ADDRESS	12407 PEPPERFIELD DR		1.3 STREET ADDRESS	-05/0	6/9701127014	
CITY - ST - ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP	***	165.00 ****165.00	
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADORESS			2 3 STREET ADDRESS			
CITY-ST-20			2.4 CITY-SY-ZIP			
1011		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET AUDRESS			3.3 STREET ADDRESS		}	
CITY - S1 - ZIP			3.4. CITY - ST - ZIP			
₹IIL€		DELETE	4.1 TITLE		Change	
NAME			4. 2 NAME	,	(	
STREET ADDRESS			4.3 STREET ADDRESS			
C(1Y+S1-ZIP		- I prieve	4.4 CITY - ST - ZIP		- Oberes	
JITLE 		☐ DELETE		•	Change Addition	
NAME			52 NAME	<b>∠</b>		
STREET ADDRESS			5.3 STREET ADDRESS	//y.//.	(AW)     Ghange □ Addition	
CITY-ST-7if		DELETE	5.4 CITY-ST-ZIP	- Univ	Change Addition	
TOTALE		ריין מנוקוג	6.1 TITLE	5)	☐ ☐ Change ☐ Addition	
NAME DYDEEL ADDRESS			6.2 NAME	١٠	ι	
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		ļ	
City - St - ZIP						

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: