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

**PROFIT CORPORATION ANNUAL REPORT** 



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

POCUMENT # G13230

(9)

Principal Place 4815 E BUSCH 109 TAMPA FL 3361 US	BLVD	Mailing Address  4815 E BUSCH BLVD #109 109 TAMPA FL 33817-6050 US		3. Date Incorporated or Qualified	3a. Date of Last Report
				12/14/1982	05/01/1996
	lace of Businoss	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2237825	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24	9. Name and Address of Curren	29 3	90	f lorida Statules  10. Name and Address of New Reg	Yes No
HER	NANDEZ, DAVID J.	-1108101010101	81 Name	10. 114110 0114 1104 1104	Jistorea rigorit
4815 E BUSCH BLVD STE 109 TAMPA FL 33617			82 Street Addr	ress (P.O. Box Number is Not Acceptab	(e)
			84 City		FL 85 Zip Code
SIGNATURE	agistered agent, or both, in the State or farmiar with, and accept the object Signature, typed or printed name of registered age OFFICERS AN	rn aed title if applicable (NOTE:	rea. D	coration submits this statement for the placer's board of directors. I hereby accept the placer of t	ANDEZ 4:23.97
TITLE	PD OFFICENS AIN	DELETE	1.1 101.5	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	HERNANDEZ, DAVID J		1.2 NAME		2.3
STREET ADDRESS	4815 E BUSCH BLVD STE 109	!	1.3 STREET ADDRESS		}
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - 7IP		
TITLE	s Hernandez, Irene	☐ DELETE	2.1 TillE		☐ Change ☐ Addition [
NAME Street address	4815 E BUSCH BLVD STE 109		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2 4 CHY-SI-ZIP		
TITLE	SVT	DELETE	3.1 TITLE		Change Addition
NAME	GROENE, CHANTELLE	•	9.2 NAME		
STREET ADDRESS	4815 E BUSCH BLVD STE 109 TAMPA FL	ł	8.3 STREET ADDRESS		
CITY-ST-ZIP	V	DELETE	8.4. CitY - ST - 7/F' 4.1 Title		Change Addition
NAME	HERNANDEZ, DAVID K	Meen	4. 2 NAME		thange Notified
STREET ADDRESS	4815 E BUSCH BLVD STE 109	ł	#.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 C(1Y - ST - ZIP		
TITLE		☐ DELETE	\$17mgF 1		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - ST - 7IP		

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 eath; 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.

**FILED** 

May 02 1997 8:00am

Secretary of State