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**

DOCU	IMENT # G49208	3 (3)				
AEA, IN		:	•			
, 12, 1, 11	,,,					
Principal Pla	ice of Business	Mailing Address				84814 84814 87811 84814 61814 61811 4881
% ALAN E. ANDERSON % ALAN E. ANDERSON						
14912 NORTHWOOD VILLAGE LANE 14912 NORTHWOOD VILLAG			AGE LANE		√	
TAMPA FL 33	1513	TAMPA FL 33613-1522			3. Date Incorporated or Qualified	3a. Date of Last Report
					07/05/1983	04/18/1996
·	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
		Suite Ant # etc	Suite, Apt. #, etc.		59-2307290	Not Applicable \$8.75 Additional
			27		Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		unii:, ,,	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ntry	B. This corporation has liability for	intangible tax under s. 199.032, Yes No
24	25) 9. Name and Address of Currer	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30		Florida Statutes 10. Name and Address of New Re	
AN	DERSON, ALAN E.			81 Name		
14912 NORTHWOOD VILLAGE LANE				82 Street Ad	idress (P.O. Box Number is Not Acceptat	nle)
TAMPA FL 33613			Ĺ		or south and the respective	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			j	83		
l			t	84 City		B5 Zip Code
44 Physics	the the continue of Continue Sti7 DEC	20 and 607 1509 Florida Ctatu	too the sh	am namad as	separation submits this statement for the	FL BS Zip code
office of	registered agent, or both, in the State	of Florida. Such change was	authorized	by the corpor	properation submits this statement for the praction's board of directors. I hereby accept	ot the appointment as registered
		milloris or, section for loos, in	ionoa stati	NOS.		
SIGNATURE	Signature, typed or printed harrip of registered age		IE Registered	Agent signature rec	quired when reinstating)	DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TIPLE	PD Anderson, Alan E.	DELETE	1.1 111	ĺ		Change Addition
NAME STREET ADDRESS	A A A A A A A A B A THE READ A B A A A A A A A A A A A A A A A A A		1.2 NA	ME REET ADDRESS		· ·
CITY-ST-ZIP	TAMPA FL		- 8	Y-ST-ZIP		
TILE	TD	DELETE	2111			Change Addition
NAME	ANDERSON, SHARON L.		2.2 NA	ME		ĺ
STREET ADDRESS	1		2.3 ST	REET ADDRESS		j
C/TY+S1+7IP	TAMPA FL			TY-ST-ZIP	ALMIN'STEE	
TIFLE	1	DELETE	3.1 TIT	i		Change Addition
NAMÉ			3.2 NA	[
STREET ADORESS CITY-ST-ZIP				REET ADDRESS		
TITLE		DELETE	4.1 TIT	IY-ST-ZIP LE		Change Addition
NAME			4. 2 N/	I .		
STREET ADDRESS	5		4.3 ST	REET ADDRESS		
CITY - S1 - ZiP	***************************************		4.4 CI	Y-ST-ZIP		
TITLE		☐ DELETE	5.1 TIT			Change Addition
NAME			5.2 NA			
STREET ADORESS	S			REET ADDRESS		
C(TY+ST-Z)P Title		DELETE	5.4 CI	Y-ST-ZIP		Change Addition
NAME		<u> </u>	6.2 NA	J		The second secon

6.3 STREET ADDRESS

6.4 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 attainment with an address.

SIGNATURE:

STREET ADDRESS

CH1Y-S1-7IP

4-21-92 813-962-6292

FILED

Apr 25 1997 8:00am

Secretary of State