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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G68879

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIG

(7)

THOMAS	S G. FINN, P.A.						
Principal Place of Business Mailing Address 6320 ROWAN ROAD 6320 ROWAN ROAD NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 3			4653-3400		T 10004(% DATA DITAL IB-10 1004) 10040 4011 91541 DLDIA GADA GADA GADA GADA GADA GADA		
					Date Incorporated or Qualified 11/14/1983	3a, Date of Last 04/23/1996	Report
2. Principal Pi	lace of Business	2a, Mailing Address		***	4. FEI Number		Applied For
		26			59-2378436 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	7 7 7	Additional
22		27			6. Certificate of clatus pesited	Fee F	Required
City & State		City & State			6. Election Campaign Financing		May Be
Zip	Country	28 Zin	T Co.	Intry	Trust Fund Contribution	·	d to Fees
	<u>}</u> , ′	Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\simega\) No			
24	25 9. Name and Address of Current	29 Registered Agent	30	1	10. Name and Address of New Re		
CAN	I, THOMAS G.	1109.000		81 Name	IV. Harris and a contract of	J-04010- 4130111	
	I, THOMAS G. ROWAN ROAD						
	PORT RICHEY FL 34653			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
				84 City		FL 85 Zip	o Code
11. Pursuarit t office or re agent. Lar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	e and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, Fi	ites, the a authorize lorida Sta	pove-named corp d by the corporal ates.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing it the appointment a	its registered is registered
SIGNATURE	Signature, typed or printed name of registered ager	t and trie if applicable (NO	TE: Registeré	d Agent signature requi	red when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12
Tr'LE	DP	☐ DELETE	1.1 1	TLE		☐ Change	Addition
NAMÊ	FINN, THOMAS G		1.2 N	AME .			
STREET ADDRESS	6320 ROWAN ROAD		1.3 S	TREET ADDRESS			
CITY - ST - ZIP	NEW PORT RICHEY, FL00000		1.4 0				
TITLE		☐ DELETE	2.1 T	TLE		☐ Change	Addition
NAME			2.2 N	AME			
STREET ADDRESS			2.3 \$	TREET ADDRESS			
CITY-ST-74°		DELETE		ITY-ST-ZIP	1. Z		1 4 4 1 1 1
T ILF		DELETE	3.1 7			L Change	Addition
NAME			32 N	1			
STREET ADDRESS			1	TREET ADDRESS			
CITY-ST-ZIF TITLE		DELETE	3.4. (4.1 T	ITY-ST-ZIP	" ",,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME			4.21	i		Las Vitaligo	popul Parattion
STREET ADORESS			- 1	TREET ADDRESS			
				TY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	5.17			Change	Addition
NAME			5.2 N			- •	<u></u>
STREET ADDRESS			1	FREET ADORESS			
CITY - SI - ZIF				ITY-ST-ZIP			
TITLE		DELETE 6.1				Change	Addition
NAME			6.2 N	AME			
STREET ADDRESS			6.3 S	TREET ADDRESS			
CITY - ST - ZIP			6.4 C	ITY-ST-ZIP			
14. I do herel:	by certify that the information supplied	with this filing does not qual	lify for the	exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify the	at the
Lam an of	in indicated on this annual report or si fficer or director of the corporation or n Block 12 or Block 13 if changed, or	the receiver or trustee empor	wered to a	eccurate and tha execute this repo	t my signature shall have the same lega rt as required by Chapter 607, Florida S	tatutes; and that my	inder bath; that / hame

Thomas G. Find

4/31/97

President