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



Sandra B. Mortham

	PROFIT PROPRATION JUAL REPORT 1997	Sandra Secret	RTMENT OF STATE B. Mortham ary of State CORPORATIONS			
	JMENT # G8670 SPYCHALA & ASSOCIATES				: ARRIK BUDAK BUDAK BUDAK BI	
685 MAIN ST SUITE D	ice of Business BOR FL 34895	Mailing Address 685 MAIN ST SUITE D SAFETY HARBOR FL 346	95-3552			
A 51			agent (Trial)	3. Date Incorporated or Qualified 02/28/1984	3a. Date of Last 04/15/1996	<u> </u>
2. Principal	Place of Business	26. Mailing Address		4. FEI Number 59-2372451		Applied For Not Applicat
Sulte, Apt	t. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	Certificate of Status Desired	\$8.75	5 Additional
City & Sta	ate	City & State		6. Election Campaign Financing	Fee	Required May Be
3		28		Trust Fund Contribution	Adde	d to Fees
Zip 4	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under Yes \[\] No	rs. 199.032
<u></u>	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Re	gistered Agent	
11. Pursuan	it to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	83 84 City tes, the above-named co	orporation submits this statement for the protection's board of directors. Thereby acce	FL / /	p Code g its registe
	: <u></u>		84 City tes, the above-named co authorized by the corpor lorida Statutes.	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing pt the appointment	•
11. Pursuan office or agent. I SIGNATURE 12.	Signature, typed or printed name of registered		84 City		Durpose of changing pt the appointment	y its register as registere
SIGNATURE	Signature, typed or printed name of registered OFFICERS A	d agent and title if applicable (NO	84 City tes, the above-named co authorized by the corpor lorida Statutes.	quired when reinstating)	Durpose of changing pt the appointment	y its register as registere DRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typod or printed name of registered OFFICERS A P SPYCHALA, MICHAEL	agent and title if applicable (NO AND DIRECTORS	84 City tes, the above-named co authorized by the corpor lorida Statutes. 16: Registered Agent signature regional statutes. 1.1 TILE 1.2 NAME	quired when reinstating)	DATE DATE CERS AND DIRECTO	g its registe as registere DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	P SPYCHALA, MICHAEL 15908 NORTHLAKE VILLAGE	agent and title if applicable (NO AND DIRECTORS	tes, the above-named co authorized by the corpor lorida Statutes. 16: Registered Agent signature registrature and the signature registrature. 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating)	DATE DATE CERS AND DIRECTO	y its registe as registere DRS IN 12
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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 supplied mental 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 in the anaddress.

ANATURE.