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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

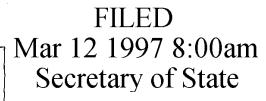
DOCUMENT # H27630

(3)

JANSSEN & ASSOCIATES, CERTIFIED PUBLIC ACCOUNTAN TS. P.A.

Principal Prace of Business 1626 38TH AVE NORTH ST. PETERSBURG FL 33713 Mailing Address

1626 38TH AVE NORTH ST. PETERSBURG FL 33713-1927





3a. Date of Last Report

0378455

3. Date Incorporated or Qualified

| O 13 | | | | | 10/30/1984 | 04/0 |)1/1996 | |
|--|---|---|--|---|--|---|-------------------|--|
| Z. Principal F | Place of Business | 2a. Mailing Addres | s | | 4. FEI Number | | Ar | oplied For |
| 21 | | 26 | | 59-2453808 | | No | ot Applicable | |
| Suite, Apt. | .#, etc | Suite, Apt. #, et | lc. | | | | \$8.75 | Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | L | Fee Re | equired |
| City & Stat | te | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Bo |
| 23 28 | | | | Trust Fund Contribution | | Added | | |
| Zip | Country | Zip | Coun | try | 8. This corporation has liability for | or intangible | | |
| 24 | 25 | 29 | 30 | | | Yes [| | . 100,000, |
| | 9, Name and Address of Cur | rent Registered Agent | | | 10. Name and Address of New | | | |
| IANS | SSEN, DUANE H. | | 8 | 1 Name | | | | |
| | | | <u>j_</u> | | | | | |
| 3725 NINTH ST. NO. ST. PETERSBURG FL 33704 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 51.1 | PETENSBURG PL 33704 | | r _a | i3 | | | | ······································ |
| | | | 1 | ~ | | | | |
| | | | tē | 4 City | —————————————————————————————————————— | | 85 Zip (| Code |
| | | | | _ | | FL. | | |
| 11. Pursuant | to the provisions of Sections 607.0 | 0502 and 607.1508, Florida | Statutes, the abo | ve-named co | rporation submits this statement for the | purpose of | changing it | s registered |
| agent La | registered agent, or both, in the st am familiar with, and accept the ob | are or Fronda. Such change il-gations of, Section 607.05 | 05. Florida Statul | by the corpor les. | ation's board of directors. I hereby acc | ept the app | iointment as | registered |
| SIGNATURE | | 3 | , | | | | | |
| SIGNAL OHE. | Eris ability by participation of transferred | agent and tile Lapphcable. | (NOTE: Registered / | pen srutangia triag | uired when reinstating) | DATE | | |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OF | ICERS AND | DIRECTOR | S IN 12 |
| 1016 | DP | DELE" | TE 1.1 71TL | E | | | Change | Addition |
| NAME | JANSSEN, DUANE H. | | 1.2 NAM | r l | | | | |
| STREET ADDRESS | 3725 NINTH ST. NO. | | | 1 | | | | |
| | | | | CT ADDOCCC | | | | |
| | | | | ET ADDRESS | | | | |
| CHY-ST-7IP | ST. PETERSBURG FL | D one | 1.4 CITY | - ST-ZIP | | | T 3. | T |
| CHY-ST-7IP Ti*U | | ☐ DELE | 1.4 CITY TE 2.1 TITLI | -ST-ZIP | | | Change | Addition |
| CHY-ST-7IP TITLE NAME | | ☐ DELE | 1.4 CITY | -ST-ZIP | | | Change | Addition |
| CHY-ST 7IP TI'U | | ☐ DELF | 1.4 CITY TE 2.1 TITLI 2.2 NAM | -ST-ZIP | | | Change | Addition |
| OHY-ST-7IP D*U NAME | | ☐ DELF | 1.4 CITY TE 2.1 TITLI 2.2 NAM 2.3 STRE | - ST-ZIP E | | 11T1T1T1T1T | Change | ☐ Addition |
| CHY+ST-7IP TITUE NAME STREET ANDRESS | | DELE | 1.4 CITY TE 2.1 TITU 2.2 NAM 2.3 STRE 2.4 CITY | - ST-ZIP E E EET ADDRESS (- ST-ZIP | | | ☐ Change | Addition |
| CHY-SI-ZIP ITTE NAME STHEET ADDRESS: CHY-SI-ZIP TUTE | | | 1.4 CITY TE 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY | - ST-ZIP E E EET ADDRESS (-ST-ZIP | | - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | | |
| CATY SE 7/P IT U NAME STREET A DRESS- CHY SE-7/P TULE NAME | | | 1.4 CITY TE 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY TE 3.1 TITLI 3.2 NAM | - ST- ZIP E E ET ADDRESS (- ST- ZIP E | | | | |
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| CMY-SE-7P ITTE NAME STREET ANDRESS- CMY-SE-7P INTE NAME STREET ANDRESS- CMY-SE-7P | | ☐ DELE | 1.4 CITY TE 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY TE 3.1 TITLI 3.2 NAM 3.3 STRE 3.4 CITY 3.4 CITY | -ST-ZIP E E E E ET ADDRESS (-ST-ZIP E E ET ADDRESS (-ST-ZIP | | | Change | Addition |
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