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

DOCUMENT # H28856

(3)

3125 BUILDING, INC.

Principal Place of Business 1114 SO. MYRTLE AVE.	Mailing Address 1114 SO. MYRTLE AVE.
CLEARWATER FL 34616-0900	CLEARWATER FL 34616-3900

FILED May 13 1997 8:00am Secretary of State



•					3. Date Incorporated or Qualified 11/06/1984	3a. Date of 02/13/1	f Last Repor	rt	
6 Oslanias D	llane of Dusings	2a. Mailing Address		 	4. FEI Number	06/10/	Applied	d Ear	
					59-2481751		Not Applicable		
21	H sio	26			09-2401/01		8.75 Addit		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						Fee Require			
City & State	е	City & State			6. Election Campaign Financing		\$5.00 May	/ Be	
23 28					Trust Fund Contribution		Added to Fees		
Zip	Country	Zip	Co	untry	8. This corporation has liability for	intangible tax	under s. 199	9.032.	
24	25	29	30]Yes □ N			
	g. Name and Address of Curre	11	1001		10. Name and Address of New Re	glatered Ager	nt		
+CA	NDRI, RICHARD A.			81 Name					
	4 S MYRTLE AVE								
				82 Street A	Address (P.O. Box Number is Not Acceptal	ole)			
CLE	ARWATER FL 34616-0900			83					
				84 City		8:	5 Zip Code	<u> </u>	
L						PL			
11. Pursuant office or ragent. Fa	to the provisions of Sections 607.050 registered agent, or both, in the State orn familiar with, and accept the oblig	02 and 607.1508, Florida Si e of Florida. Such change v gations of, Section 607.050	tatutes, the over a such orized to the contract of the contrac	above-named ed by the corp atutes.	corporation submits this statement for the location's board of directors. I hereby acce	pt the appointr	inging its regi ment as regi	gistered istered	
SIGNATURE:	Signature, typed or printed name of registered ag	jent and title if applicable.	(NOTE: Register	red Agent signature	required when reinstating)	DATE		······································	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIF	RECTORS IN	112	
THILE	V	DELETE	1.1	TITLE			Change	Addition	
NAME	COCHRAN, BRUCE D		1.21	NAME					
STREET ADDRESS	1943 DREW STREET		13	STREET ADDRESS					
	CLEARWATER FL			CITY-ST-ZIP					
CITY - ST - ZIP	ST	☐ DELETE		TITLE			Change	Addition	
TITLE	MACINA, ALFRED	becen				_	211011ga L	J 1 120 11 0 11	
NAME				NAME					
STREET ADDRESS	1830 OAKLAKE DRIVE		2.3	STREET ADDRESS					
CITY - ST - ZIP	CLEARWATER FL			CITY-ST-ZIP				7	
THE	j D	DELETE	3.1	TITLE		لسا	Change	Addition	
NAME	MILLS, BLAIR		3.2	NAME					
STREET ADDRESS	2455 LAKE POINT LANE		3.3	STREET ADDRESS					
DITY - ST - ZIP	CLEARWATER FL		3.4.	CITY-ST-ZIP					
TITLE	P	DELETE	4.1	TITLE			Change	Addition	
NAME	LEANDRI, RICHARD A		4.2	NAME					
STREET ADDRESS	1798 LONGBOW LANE		4.3	STREET ADDRESS					
CHY-ST-ZIP	CLEARWATER FL			CITY-ST-ZIP					
TITLE		DELETE		TITLE			Change	Addition	
NAME			■	NAME					
				i					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP		- Neverto		CITY-ST-ZIP			Change	Addition	
TITLE		DELETE		TITLE		لسا	Change	_ Addition	
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREET ADDRESS					
CITY-ST-ZIP				CITY - ST - ZIP					
4.4 Laborate	the postification the information amonth	ad with this filing doop not			totad in Section 110 07/31(i) Florida Statut	as I further an	rtify that the		

1. 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 the 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 directly of the proporation 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 of flock is if changed, or on an attachment with an address.

SIGNATURE:

STATURE AND TYPED OR PRINTED NAME OF BIOLING OFFICER OR DIRECTOR

28 April

1997