## 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 # H37033** 

(8)

**FILED** Jan 14 1997 8:00am Secretary of State

	on Name NER, RONZ & STRAW, P.A. de of Business	Mailing Address							
5959 CENTRAL AV STE 102 ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710-8543					ļ				
					3	Date Incorporated or Qualified 02/01/1985		Date of Last Re /25/1996	aport
2. Principal I	Place of Business	26. Mailing Address			4	FEI Number 59-2482214	•		plied For t Applicable
Suite, Apt. #. etc.		Suite, Apt #, etc.			5	Certificate of Status Desired		\$8.75 A	
City & State		City & State			6	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Ζιρ	Country	Zip			8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25   29   30   9. Name and Address of Current Registered Agent		30	10. Name and Address of New Registered Agent					
FOE	ELGNER, CAL O.		81	Name		PIT-1	<del></del>		
595	9 CENTRAL AVENUE PETERSBURG FL 33710		82 Street Addr		Address (	P.O. Box Number is Not Accepta	ble)	,	
) SI.	PETERSDUNG PL 337 TU		83	83					
			84	Crty	<i></i>		FI	85 Zip (	Code
11. Pursuani	I to the provisions of Sections 607.09	502 and 607.1508, Florida State	utes, the abov	e-named	corporation	on submits this statement for the	purpose	of changing its	s registered
<ul> <li>office or</li> </ul>	registered agent, or both, in the Sta am familiar with land accept the ob-	te of Florida. Such change was	authorized b	v the corp	ooration's	board of directors. I hereby acce	ept the ap	pointment as	registered
SIGNATURE	The second second second second second						DATE		
12.	Signature hypicition proteil million of regist and a OFFICERS A	ND DIRECTORS			reda-iso wite	ADDITIONS/CHANGES TO OFF		ND DIRECTOR	RS IN 12
TITLE	D	DELETE		1,1 TITLE				Change	Addition
NAME	FOELGNER, CAL O.		1.2 NAME						
STREET ADDRESS	5959 CENTRAL AVENUE		1 3 STREET ADDRESS						
CITY - ST - 7IP	ST. PETERSBURG FL		1.4 CITY+ ST-ZIP						
TITLE	STD	DELETE	21 TITLE	21 TITLE			***************************************	☐ Change	Addition
NAME	RONZ, RONALD A.		2.2 NAME	2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-7P	ST. PETERSBURG FL		2. 4 CITY -	2.4 CITY - ST - ZIP					
TITLE	D	DELETE 3.1						Change	☐ Addition
NAME	SIMONE, STEPHEN	- •	3.2 NAME						
STREET ADDRESS				I ADDRESS					
City-St-ZiP	ST. PETERSBURG FL	Dr. ETF	3.4. CITY -	ST-ZIP				1 0	A A ACC
TITLE	PD CLAMBIA	DECETE	4.1 TITLE					L Change	☐ Addition
NAME	STRAW, CLAUDIA		4. 2 NAME						
STREET ADDRESS	5959 CENTRAL AVENUE ST. PETERSBURG FL			I ADDRESS					
CITY - ST - ZIP	OI. FEIENDOUNG FL	DELETE	4.4 CITY-1	51-ZIP	· · · · · · · · · · · · · · · · · · ·			Change	Addition
TITLE	□ reffit		ı	5 1 TITLE				rm August	tred regulated
NAME OFFICE ADDRESS			5 2 NAME	. 10000000					
STREET ADDRESS	iSS			5.3 STREET ADDRESS 5.4 City - St - Zip					
THLE		DELETE	6.1 TITLE	51 · ZIP	<del></del>	***************************************		Change	Addition
NAME		La Occett	6.2 NAME						
1	l l			6.3 STREET AODRESS					i
STREET ADDRESS	· }		6 3 STREE	I AUURESS	l				l

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 attachment with an address.

SIGNATURE:

