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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 19 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

•	MEN   #					1000 <del>1</del> 184 1000 1184 1401
Principal Plac	e of Business	Mailing Address			- I TODLOM SKU DINOS INKU ARSIO UNDU OLOK ONDU ALDIU A	// <b>8</b> // 010/4 016// <b>3</b> /0// (00)
19725 N 12 ST TAMPA FL 33613 US		12200 66TH STREET NORTH LARGO FL 33773-3432		40		
						Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-2540740	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
<b>23</b> Zip	Country	7 <sub>IP</sub>	Countr	v	Trust Fund Contribution L.  8. This corporation has liability for intangible	Added to Fees
24	25	29	30	,	,	□ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent
GIORDANO, RICHARD			B1	Name		
12200 66TH ST N LARGO FL 34643			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
			83			
			84	City	F-1	85 Zip Code
44 Purcuent	to the provisions of Contions 607 OE	22 and CO7 1509 Florida State	tos the shou	in named so	FL	of changing its registered
	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was pations of, Section 607.0505, F	authorized b torida Statute	y the corpor	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NC	NE Registered Ac	ent signature req	julied when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME	GIORDANO, RICHARD	DELETE	1.1 TULE			Change Addition
STREET ADDRESS	956 VALLOY VIEW CIRCLE		1.2 NAME	I ADDRESS		
CITY-ST-ZIP	ALM MADDOD EL		1.4 CITY-	ĭ		
TITLE	ST	DELETE 2:				Change Addition
NAME			2.2-NAME			
STREET ADDRESS	956 VALLEY VIEW CIRCLE			T ADDRESS		
CITY-ST-ZIP TITLE	PALM HARBOR FL			\$1 - 7/P	· · · · · · · · · · · · · · · · · · ·	Change
NAME		L. J DITCH	3.1 117LF 3.2 NAME			Li change Li Addition
STREET ADDRESS			1	1 ADORESS		
CITY-ST-ZIP			3.4, CITY-		1	
TITLE		☐ DELETE	4.1 NILE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP TITLE		DELETE	44 DITY- 51 THE	S1 · ZIP		Change Addition
NAME		L. Dittell	5 2 NAME			C Cuango C requiren
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE			6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63\$TRFE	T ADDRESS		

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 charged, of the analysis and execute this report as required by Chapter 607, Florida Statutes; and that my name