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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # H48376

(8)

Principal Place of Business	Mailing Address
1532 Seagull dr	1532 SEAGULL DR
BTE 104	STE 104
Palm Harbro Fl 34685	PALM HARBOR FL 34685-2433
JS	US

FILED
Jan 29 1997 8:00am
Secretary of State

28. Mailing Address 29. Mailing Address 4. FEI Number 59-2498075  Suite, Apt. #, etc  20. Suite, Apt. #, etc  21. City & State 22. City & State 23. City & State 24. Country 25. Certificate of Status Desired 26. Election Campaign Financing Trust Fund Contribution  Zip Country Zip Country Zip Country Zip Country Refinancing Trust Fund Contribution  8. This corporation has liability for grangible	\$8.75 Fee Re \$5.00	pplied For ot Applicable Additional lequired
2. Principal Place of Business 21 7922 TDLEWILD LANE 25 Suite, Apt. #, etc. 22 LARGO FLORIDA 27 City & State 28 State 29 Country 29 Country 29 Country 29 Country 20 Country 20 Country 20 Country 20 Country 21 Country 22 Country 23 LARGO FLORIDA 25 Country 26 State 27 Country 28 This corporation has liability fortigated blee	\$8.75 Fee Re \$5.00	ot Applicable Additional
Suite, Apt. #, etc.  22 LARGO FLORIDA  City & State  City & State  23 LARGO FLORIDA  Zip. Country  Suite, Apt. #, etc.  City & State  Country  Zip. Country	\$8.75 Fee R \$5.00	Additional
City & State  Trust Fund Contribution  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	Fee R	
City & State  Trust Fund Contribution  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi		
Zip Country Zip Country 8. This corporation has liability for integration be		May Be
		to Fees
24 33/1/-3/0/   25   P, NELLA S   29   30   Florida Statutes	iax diloei s ☐ No	s. 185.032,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered	<del></del>	
WINTERS, ELISE K 81 Name		
POOL CUENCH AND STREET		<del></del> -
SUITE 940  Street Address (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34615		
	T T	
B4 City	<b>85</b> Zip	Code
Signature: hypicologiphited in area of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  PDT  DELETE 1.1 TITLE	DIRECTOR	RS IN 12
NAME  DUFF, SUSAN  12 NAME  12 NAME  DUFF, SUSAN  1532 SEAGULL DR STE 104  DUFF, SUSAN  13 STREET ADDRESS  OITY-ST-ZIP  PALM HARBOR FL  14 CITY-ST-ZIP  LARGO, FL 33777-3107	•	-
	T 1 05	11442
TIILE DELETE 21 TITLE	Change	Addition
MANIE 2.2 NAME		
STREET ADDRESS 2.3 STREET ADDRESS		
CRY-ST-ZIP	Change	Addition
	— onande	L.J. MUURIO
NAME 3.2 NAME		
SIREET ADDRESS 3.3 STREET ADDRESS		
STREET ADDRESS CITY- ST- ZIP 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	Change	Addition
STREET ADDRESS	Change	Addition
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STREET ADDRESS	Change	Addition
STREET ADDRESS	☐ Change	Addition
STREET ADDRESS   3.3 STREET ADDRESS     3.4 CITY-ST-ZIP		
3.3 STREET ADDRESS   3.4 CITY - ST - ZIP   3.4 CITY - ST - ZIP   3.4 CITY - ST - ZIP   4.1 TITLE   DELETE   4.2 NAME   4.2 NAME   4.3 STREET ADDRESS   4.3 STREET ADDRESS   CITY - ST - ZIP   4.4 CITY - ST - ZIP   TITLE   DELETE   5.1 TITLE   DELETE   5.2 NAME   5.2 NAME   5.2 NAME   5.2 NAME   5.3 NAME   5		
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STREET ADDRESS   3.3 STREET ADDRESS	☐ Change	☐ Addition
STREET ADDRESS   3.3 STREET ADDRESS	☐ Change	☐ Addition

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.