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



FILED
Mar 13 1997 8:00am
Secretary of State

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FILE NOW: FILIN	G FEE AFT	FILED Mar 13 1997 8:00am					
PROFIT CORPORATION							
ANNUAL REPORT 1997			lary of State CORPORATIONS	Secretary of State			
Principal Place of Business 2570 ALAMANDER AVE. (ENGLEWOOD. FL. P.O. BOX 361 ENGLEWOOD FL. 34295	MESS, INC. M 34223) 257 P.O	(5) ailing Address 0 ALAMANDER AVE. (1. BOX 361 3LEWOOD FL 342860	(ENGLEWOOD: FL 34223) 361				
				3. Date Incorporated or Qualify 04/17/1985	ied 3a. Date of Last Report 05/01/1996		
2. Principal Place of Business 21	2a. 26	Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-2520482	Applied For Not Applicabl		
Sulte, Apt. #, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Add Fee Requi			
City & State	28	City & State		Election Campaign Financin Trust Fund Contribution	g \$5.00 May Be Added to Fees		
Zip Country 24 25 9, Name and Address	29	Zip	Country 30	This corporation has liability Florida Statutes Name and Address of New	for intangible tax under s. 199,032, Yes No		
SIGNATURE					he purpose of changing its registered ccept the appointment as registered		
Signature, typed or printed name of	registered agent and title ICERS AND DIREC		OTE: Registered Agent signature requ		DATE FFICERS AND DIRECTORS IN 12		
TITLE PD		☐ DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME GLUSCHENKO, GEOF STREET ADDRESS 2570 ALAMANDER AV CITY-ST-ZIP ENGLEWOOD FL			1.2 NAME 1.3 STREET ADDRESS				
TITLE NAME		☐ DELETE	1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition		
STREET ADDRESS C/Try-ST-ZIP		DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
TITLE NAME STREET ADDRESS		₽ Mereie	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition		
CITY-ST-ZIP TITLE NAME		DELETE	3.4. City-S1-ZiP 4.1 Title 4.2 NAME	·	Change Addition		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 City-St-Zip				
TITLE NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition		
CITY-ST-ZIP TITLE NAME		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition		
STREET ADDRESS ONY-ST-ZIP 14. I do hereby certify that the information	on a work of with the	in filling doop not gues	6.3 STREET ADDRESS 6.4 City-St-ZiP	d a Parties 110 07/030) Florida Cla	dudge I had been a capiful three the		

Information indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the information indicated on this annual report or supplied permental 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 chripperation or the received 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 changed, or on an unachment with an address.

941-475-3218