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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

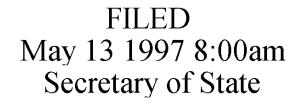
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

H53703

(5)



Principal Plac  Principal Plac  DAVID GILL 1021 N MACD TAMPA FL 330	. TAYLOR ILL AVENUE	Mailing Address  Mailing Address  ADAVID GILL TAYLOR 1021 N MACDILL AVENUI TAMPA FL 33607-5128	E		3. Date Incorporated or Qualified			
					04/24/1985	05/01/		
	lace of Business	26. Mailing Address			4. FEI Number		Applie	
Suite, Apt	# atc	26			59-2527405			pticable
22	π, <b>G</b> (C)	27			5. Certificate of Status Desired		<b>B.75</b> Addit Fee Requir	
City & Stat	е	City & State			6. Election Campaign Financing		5.00 May	
Zip	Country	<b>28</b> Zip	Cou	nirv	Trust Fund Contribution		Added to Fe	
24	25	29	30	ı itry	This corporation has liability fo     Florida Statutes	r intangible tax t		9.032,
24	9. Name and Address of Curre		1301		10. Name and Address of New R			
TAV	LOR, DAVID G.		·	81 Name				
	1 DALE AVE.			00 04	drag (D.C. Day March and Mark	-61-1		
	/PA FL 33609			82 Street Ad	dress (P.O. Box Number is Not Accepta	iDi6)		
• • • • • • • • • • • • • • • • • • • •				83				
				84 City		FL 85	i Zip Code	e
office or r agent. I a SIGNATURE	registered agent, or both, in the Statum familiar with, and accept the obligional state of registered agents of registered agents.				rporation submits this statement for the ation's board of directors. I hereby account pred when constaling)	ept the appointn	nent as regi	stered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIR	ECTORS IN	V 12
TITLE	PD	DELFTE	1.1 74	1Lf			Change	Addition
NAME	TAYLOR, DAVID GILL		1.2 N/	AME				
STREET ADDRESS	4511 DALE AVE		1.3 \$1	REET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 ()	1Y - S1 - ZIP				
TITLE	STD	☐ DEL£TE	2 1 TI	1LE		{	Change	Addition
NAME	TAYLOR, LISA ANN		2 2 NA	AME [				
STREET ADDRESS	4511 DALE AVE		2.3 Š1	REET ADDRESS				
CITY-ST-ZIP	TAMPA FL	T SELECT		ITY-ST-ZIP				1
TITLE	TAVIOD MEDA	☐ DELETE	3 1 T)			البا	Change [_	_ Addition
NAME	TAYLOR, VERA 4512 AZEELE ST		32 N					
STREET ADDRESS	TAMPA FL			TREET ADDRESS				
CITY-ST-ZIP	INMIN IL	☐ DELETE		HY-SI-ZIP			Change	T Addition
TITLE		☐ DETERE	411/				эванус [	_ Addition
NAME CORECT ADDOCCO	•		4 2 N	I .				
STREET ADDRESS				IRFET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4 4 CI	1Y-S1-7IP			Change	Addilion
NAME		□ perite	5 2 N/	i i		L.J. 1	2ango	2 Mosino-1
STREET ADDRESS				IREET ADDRESS				
CITY-ST-ZIP		DELETE	5 4 GI	TY-S1-ZIP		П	Change T	Addition
NAME		_ Meetic	62 N/			L	g- <b>L</b>	
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP				11Y-S1-7IP				
ALLI-OL-CIL	L		946	I I COLCUE				

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 ardress.