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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H57089

(5)

Mailing Address

TOM AIMAR ENTP., INC.

Principal Place of Business

FILED
Jan 14 1997 8:00am
Secretary of State

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3285 DATURA I VENICE FL 342		3285 DATURA ROAD VENICE FL 34293-4923						
				3. Date Incorporated or Qualified 3a. Date of Last Report 05/13/1985 01/31/1996			Report	
2. Principal P	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2549716			pplied For lot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	×	\$8.75	Additional lequired
City & State	6	City & State			Election Campaign Financing Trust Fund Contribution) May Be to Fees
Zip 24	Country 25	Zip 29	Gountr 30	Country 8. This corporation has liability for intangible tax under s. 199.032				s. 199.032.
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Re	gistered A	gent	
	AR, THOMAS D.		81	Name				
	3285 DATURA ROAD VENICE FL 34293		Street A	eet Address (P.O. Box Number is Not Acceptable)				
			83					
			84	City		FL	85 Zip	Code
agent La	egistered azent, or botir ili the state om familiar vith, and accept the of the world accept the of the Signature spector printed have virted skined by	, almar			orporation submits this statement for the poration's board of directors. I hereby accel organization of the control of the con	//3/ DATE	97 	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	7-4		
TILE	PD THOMAS D	DELETE	1.1 TITLE	ļ		i	Change	Addition
NAME STREET ADDRESS	AIMAR, THOMAS D. 3285 DATURA ROAD		1.2 NAME	T ADDRESS				
CITY-ST-ZIP	VENICE FL		1.4 CITY-					
TITLE		DELETE	2.1 TITLE	31-2H			Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2 3 STREE	T ADDRESS				
CITY-ST-ZIF			2. 4 CITY	ST - 7IP				
TITLE		DELETE	3 1 THILE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS				T ADDRESS				
CHY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	51-212			Change	Addition
NAME			4 2 NAMI	:				
STREET ADDRESS			4 3 STREE	T ADDRESS				
CITY - ST - ZIP			4.4 CITY -	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME]				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		Driese	5 4 CITY-	ST-ZIP			Chant:	- Januari -
TITLE		☐ DELETE	6.1 THLE	-			Change	Addition
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-S1-ZIP			6.4 CITY	ST-ZIP				

14. I do hereby certify that the inform ation supplied with this fling 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 it planged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97

(94)497-748-