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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H60700

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PADRO F CORPORATION

FILED
Jun 18 1997 8:00am
Secretary of State

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### WILL WILLAMS 1010 EAST PLATT STREET TAMPA FL 30002 2. Principal Place of Business 2. Maling Address 2. Maling Address 2. Maling Address 3. Date incorporated or Qualified 3. Date inc	District District Address								
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City & State Ci						59-1727200		Applicable	
29	22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zop 28 29 30 Country 8. This corporation has itebility for intengible lax under s. 196 9. Name and Address of Current Registered Agent WILLIAMS, WILL 1010 EAST PLATT STREET TAMPA FL 33802 84 City FL 85 City FL 86 City FL 86 City FL 85 City FL 86 City FL 86 City FL 87 Country Registered Agent 88 City FL 88 City FL		& State City & State							
9. Name and Address of Current Registered Agent WILLIAMS, WILL 1010 EAST PLATT STREET TAMPA FL 33602 11. Pursuem to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice or registered agent, or both, in the finale of Florida. Such change was authorized by the corporation's board of greators, thereby accept the appointment as registered provisions, and accept the purpose of changing its recoffice or registered agent, or both, in the finale of Florida. Such change was authorized by the corporation's board of greators, thereby accept the appointment as registered provisions, thereby accept the appointment as registered provisions and acceptance of the provisions and acceptance agent and literal applications and the corporation's board of greators, thereby accept the appointment as registered provisions and acceptance agent and literal applications. Statutes. 12. OFFICERS AND DIRECTORS IN 1997 12. OFFICERS AND DIRECTORS IN 1997 12. OFFICERS AND DIRECTORS IN 1997 13. SIBERT ADDRESS 1998 14. CITY ST-2IP 15. SIBERT ADDRESS 1998 16. CITY ST-2IP 17. ST				T 6					
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TAMPA FL 33802 B2 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sactions 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its residence or registered agont, or both, in the ptate of Florida. Such change was authorized by the corporation's board of prectors, it hereby accept the appointment as registered agont. I am lamiliar vity, and accept the purpose of changing its residence of registered agont agont and liter applicable. SIGNATURE Signature Types or puried harber of Registered agont and liter applicable. (NOTE Registered Agont agont adoptive agont and liter applicable). (NOTE Registered Agont agont adoptive agont agont and liter applicable). (NOTE Registered Agont agont adoptive agont a	1101		Our Hodistolog Marit		1 Name	TO. Hame and Address of New Heg	ISTOIBU ANOIN		
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B3 B4 City				E	2 Street Add	eet Address (P.O. Box Number is Not Acceptable)			
B4 City FL B5 Zip Cod.	IAN	MPA FL 33802		-	3	 			
11. Pursuant to the provisiges of Soctions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regard agent, or both, in the Alate of Florida, Such change was authorized by the corporation's board of directors, it hereby accept the appointment as registered agent and accept the Alate of Florida, Such Change was authorized by the corporation's board of directors, it hereby accept the appointment as registered agent and accept the Alate of Al	et et						85 Zip Co	ode -	
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Signature Cycle of pumiled name of egatered agent and life if applicable (NOTE Registered Agent signature required when re-position) DATE		to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar vith, and accept the obline in the section of the secti		ites, the abo authorized lorida Statul	ove-named corp by the corpora les.	poration submits this statement for the pution's board of directors, I hereby accept	rpose of changing its in the appointment as responding the state of th	egistered gistered	
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. Lide hereby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes Lifurther certify that the		†			1			İ	

I do hereby certify that the information supplied with this filing doos 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.