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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H69621

(1)

C. DOUGLAS MCDONALD, JR., P.A.

FILED
Apr 29 1997 8:00am
Secretary of State

Principal Place 501 E. KENNEI SUITE 700 TAMPA FL 336	DY BOULEVARD	iiling Address I E. KENNEDY BOULEVARD ITE 700 MPA FL 33602-5200						
						3. Date Incorporated or Qualified 07/31/1985	3a. Date of Las 04/19/199	
├ ┐ `	ace of Business	2a.	Mailing Address			4. FEI Number 59-2559400		Applied For Not Applicable
Suite, Apl	#, etc.		Suite, Apt. #, etc.	M		5. Certificate of Status Desired	\$8.7	5 Additional
City & State	9	27	City & State			6. Election Campaign Financing		Required May Be
23		28				Trust Fund Contribution	Add	ed to Fees
Zip 24	Country 25	29	Zip	Country 30		This corporation has liability for Florida Statutes	r intangible tax unde Yes 🔲 No	∍rs. 199.032,
	9. Name and Address of Currer	t Registe	red Agent			10. Name and Address of New R	egistered Agent	
315	es, James P. Hyde Park Avenue IPA FL 33602			82 83 84	Name Street Addr	ress (P.O. Box Number is Not Accepta		Žip Code
office or r	to the provisions of Sections 607 Age gistered agent, or both, in the State in familiar with, and accept the oblig Signific typed or profed name of registered age OFFICERS AN	of Florida ations of, ant and little if	a Such change wa Section 607.0505, applicable (N	s authorized by Florida Statutes	the corporat	poration submits this statement for the tion's board of directors. I hereby accelered when reinstating) ADDITIONS/CHANGES TO OFFI	opt the appointment	as registered
TOLE	D\$	DINEC	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFI	Chang	
NAME	PETTIS, DAVID W. JR.		Jacob 12	1.2 NAME			الماري وي	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREEL ADDRESS	501 E. KENNEDY BLVD.			1.3 STREET	ADORESS			
City-S1-ZiP	TAMPA FL			1.4 CITY-S	- ZIP			ĺ
TITLE	D		☐ DELETE	2.1 TITLE			☐ Chang	ge 🔲 Addition
NAME	MCDONALD, C. DOUGLAS, JF	7		2.2 NAME				
STREET ADDRESS	501 E, KENNEDY BLVD.			2.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL			2.4 CITY-S	T-71P			
TITLE			DELETE	3.1 TITLE			Chang	ge 🔲 Addition
NAME				3.2 NAME				
STREET ADORESS				3.3 STREET				
CITY ST-ZIP			DELETE	3.4. CITY - S 4.1 TITLE	J-ZIP		Chang	ge Addition
NAME			Carrie	4.1 THE			FT Stail	
STREET ADDRESS				4.3 STREET	Annesse			1
CHY-SI-ZiP				4.4 City-S				
TITLE			DELETE.	51 TITLE	ctt		Chang	ge Addition
NAM!				52 NAME			******	
STREET ADDRESS				5.3 STREET	ADORESS			ĺ
CHTY - ST - ZiF				5.4 CITY-S	1			
TITLE			DELETE	6.1 TITLE	*"		Chang	ge Addition
NAME			_ _	6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY - ST - ZIP				6.4 CITY-S				•
	and if the the information avenue	et creative their	filing door not by			d in Section 119 07/3/i) Florida Statut	on I further continut	hat the

4. 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.

SIGNATURE: / Jun Cas Multimed | C. LOVE M. M. SIGNATURE: / SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TR. 4/8/57

813-78-3-7 Daytime Phone #