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 # H74419

121

CONSO Principal Place 5476 LAKE LE LUTZ FL 3354	LIDATED FLYING SERVICE of Business CLARE RD.	` '						
		•			3. Date Incorporated or Qualified 09/05/1985	3a. Date of 04/29/1		eport
2. Principal Place of Business 2a. Mailing Address			Mage years are the second to t		4. FEI Number	Applied For		
Suite And # ole Suite And # ote					59-2583794	Not Applicable		
Suite, Apt. #, etc					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State					8. Election Campaign Financing	\$	5.00	May Be
23		28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country		8. This corporation has liability for i			199.032,
24	25 9. Name and Address of Currel		30		Florida Statutes 10. Name and Address of New Re			
KAS	SM, WALTER JOHN, JR.		8	1 Name				
5476 LAKE LECLARE RD			ā	82 Street Address (P.O. Box Number is Not Acceptable)				
LUTZ FL 33549			L.					
			8	3				
			8	4 City		F. 65	Zip C	Code
41 Dure part	to the provinces of Sections 607 050	12 and 607 1609 Elorida Statute	e the abo	we pamed cor	paration submits this statement for the p	FL B	Dalag it	e realstored
office or r agent 1 a	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was a pations of, Section 607.0505, Flo	uthorized rida Statut	by the corporates.	poration submits this statement for the p lion's board of directors. I hereby accep	ot the appointm	nent as	registered
SIGNATURE	The same transfer and transfer and the same transfer and transfer an							
12.	Storatum, typied or printed name of registered agent and title if applicable. (N OFFICERS AND DIRECTORS		Registered Agent signature require 13.		ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIR	ECTOR	S IN 12
TITLE	PD	DELETE	1.1 1171.0	· 7			Change	Addition
NAME	KASM, WALTER JOHN, JR.		1.2 NAM	E)				J.
STREET ADDRESS	5476 LAKE LECLARE RD.		1.3 STRE	ET ADDRESS				
CITY - ST - ZiP	LUTZ FL		1.4 CITY-ST-ZIP					
tillt	STD DELETE		2.1 TITUE				Change	Addition
NAME	CAMPISI, GRACE S.		2.2 NAM	E	·			
STREET ADORESS	3301 CORONA AVE.		2.3 STRE	ET ADDRESS				j
CHY-SI-710	TAMPA FL		2 4 CITY				Choo	Addition (
THUE		☐ DELETE	3.1 TITLE	í		□ (Change	Addition
NAME CARCOT ASSOCIACE			3.2 NAM	·				ļ
STREET ADORESS			•	ET ADDRESS				į
CITY-ST-7IP TITLE		DELETE	4.1 TITLE	-ST-ZIP			Change	Addition
NAME			4. 2 NAN				- 0 -	
STREET ADDRESS				ET ADDRESS				Ì
CITY-SI-ZIP			4.4 CITY	1				ł
THE		DELETE	5.1 YITU				Change	Addition
NAME			. 5.2 NAM	E				
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-7IP			5.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITUE				Change	Addition
NAME			62 NAM					
STREET ADDRESS			6.3 STRE	ET ADORESS				1

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 onen attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

FILED

Apr 14 1997 8:00am

Secretary of State