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 # H80681

(0)

Principal Place of Business Mailing Address 2123 NE COACHMAN RD. 27867 US 19 N. S-A CLEARWATER FL 34621-4903							
		Ü\$		3. Date Incorporated or Qualified 10/08/1985	ified 3a. Date of Last Report 02/20/1996		
2. Principal P	lace of Business	2a. Mailing Address	****************		4. FEI Number		pplied For
21		26			59-2628926		lot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	T T T T T	Additional lequired
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	P	May Be to Fees
Zip	Country	Ζφ	Cou	ntry	8. This corporation has liability for it		
24	25	25 29 30			Florida Statutes Yes No		
	g, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ae	elstered Agent	
	le, thomas c.			81 Name			
2123 NE COACHMAN RD.				82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
S-A Clearwater FL 33575				83			
ULE	ANWAIEN FE 330/3						
				84 City		FL 85 Zip	Code
office or r agent 1 a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the oblig Signature, goed or printed name of registered ag	ations of, Section 607.0505, Fk	orida Stat	d by the corporat utes. Agent signature requir	oration submits this statement for the p ion's board of directors. I hereby accep ad when reinstating)	t the appointment a	s registered
12.	·····	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	DP	☐ DELETE	1.1 TJ	TLE		Change	Addition
NAME	MASTOR, FRANK		1,2 N/	ME			
STREET ADDRESS	330 HARBOR PASSAGE		1.3 ST	REET ADDRESS			
C(1Y-ST-ZIP	CLEARWATER BCH FL	I Dr. car	_	TY-ST-ZIP			4 2 2 5 5 5 5
TITLE	VP	L DELETE	2.1 Tr			L Change	Addition
NAME	MASTOR, FRANK J 330 HARBOR PASSAGE		2.2 NA				
STREET ADDRESS	CLEARWATER 8CH FL			REET ADDRESS			
CITY-ST-ZIP TITLE	S S	DELETE	2. 4 U	ITY-ST-ZIP		Change	Addition
NAME	MASTOR, JOHN	La Descri	3.2 N/			C. Ontago	
STREET ADDRESS	330 HARBOR PASSAGE			REET ADDRESS			
CITY-ST-ZIP	CLEARWATER BCH FL			ITY-ST-ZIP			
TITLE	02244444	DELETE	4.1 TI			☐ Change	☐ Addition
NAME			4.2 N	i i		_ •	_
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		DELETE	5.1 TI			Change	Addition
NAME			52 N/	ME			

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 Chanter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5 3 STREET ADDRESS 54 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

NAME

DELETE

Daytime Phone #

Change

Addition

FILED

Jan 21 1997 8:00am

Secretary of State