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 # 1. Corporation Name H 86733

(3)

Principal Place of Business Mailing Address 3839 CHEVAL BLVD 3939 CHEVAL BLVD						Treprient ein einer führlich griff bildt gibt gibt bibt bibt bibt bibt bibt bib		
3939 CHEVAL LUTZ FL 33549			ITZ FL 33549-5320					
·							3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996	
2. Principal Pi	ace of Business	2a.	Mailing Address				4. FEI Number Applied Fo	١٢
21		26					59–2883432 Not Applic	able
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Certificate of Status Desired \$8.75 Additions	al .
City & State			City & State				Fee Required	
23 23 23 23 23 23 23 23 23 23 23 23 23 2			28				8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
7 _{(p}	Country	20	Zip	Cou	Jntry		This corporation has liability for intangible tax under s. 199.03:	2.
24			30	-		Florida Statutes 🔲 Yes 🛣 No		
9. Name and Address of Currer		rent Regis	Registered Agent				10. Name and Address of New Registered Agent	
RICI	H, JOSEPH, F				B1	Name		
	O CHEVAL BLVD				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
LUT.	Z FL 33549*				83			
					63			
	•				84	City	85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.0	502 and 6	07,1508. Florida Statu	tes, the a	bove	-named co	ornaration submits this statement for the purpose of changing its regists	red
office or re	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florid ligations of	da. Such change was f. Section 607.0505, Fl	authorize lorida Sta	d by	the corpor	oration's board of directors. I hereby accept the appointment as register	ed
SIGNATURE								i
	Styreature, typed or printed name of registered				d Age	int signature req	ouired when reinstating) DATE	
12.	OFFICERS :	AND DIREC	DELETE DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	distant
TITLE	STACKPOOLE, JAMES M.		T" DETEIR	1.17		İ	☐ Change ☐ Add	JUNDIA
NAME COMMENT ADDRESS	3939 CHEVAL BLVD			12 N		ADDRESS	•	
STREET ADDRESS CITY-ST-ZIP	LUTZ FL				ineri ITY-S	}		
TITLE	ST			217		1-21	☐ Change ☐ Ado	dition
NAME	RICH, JOSEPH F		"	2.2 NAME			_ · -	
STREET ADORESS	AGAA OURUN BUSE					ADDRESS		
CITY-S1-ZIP	LATER IN				2.4 CITY-SY-ZIP			1
TITLE	D			3.1 7	ITLE		Change Ad	dition
NAME	SIGALL, MICHAEL			3.2 N	AME			
STREET ADDRESS	3939 CHEVAL BLVD			3.3 S	TREET	ADDRESS		
C:TY+ST-ZIP	LUTZ FL					ST - ZIP		101
TPLE	D		DELETÉ	4,1 T			Change Adv	מסוונ
NAME	LILJEQUIST, RUNE 3939 CHEVAL BLVD				NAME			
STREET ADDRESS	LUTZ FL				•	ADDRESS		
CHY-SI-ZIP THLE	D		DELETE	5.1 T		T-ZIP	Change Ad	dition
NAME	SVEDIN, BJORN			1	IAME	Ì		
STREET ADDRESS				5.3 STREET ADDRESS		$(^{\sim})$ / $^{\prime}$)	
CITY - ST - 7IP	LUTZ FL					IT-ZIP	Most.	
TITLE			DELETE	6.1 T		<u> </u>	☐ Change ☐ Ad	dition
NAME				6.2 N	IAME		700002193207	
STREET ADDRESS				6.3 9	STAEET	ADDRESS	-05/28/9701001020	
CITY - ST - ZIP				640	ITY-S	T - 71P	***173.75	

6.4 CITY-ST-ZIP

SIGNATURE:

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 on an attachment with an address. Daytime Phone

FILED

May 15 1997 8:00am

Secretary of State