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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J05653

(7)

VINCENT J. BARTIMO, INC.

Principal Place of Business Mailing Address

SOO DELICAN DAY DI 474 41106 SOO DELICAN DAY DI 474 41108

FILED Jan 14 1997 8:00am Secretary of State



| 5910 PELICAN BAY PLAZA #1106 GULFPORT FL 33707 | | 5940 PELICAN BAY PLAZA #1106 GULFPORT FL 33707-3958 | | | | | | | |
|--|--|--|--------------------------|----------------------------------|--|----------|------------------------------------|--------------------------|--|
| | | | | | 3. Date Incorporated or Qualified 03/24/1986 | | 3a. Date of Last Report 01/23/1996 | | |
| 2. Principal P | Place of Business | 28. Mailing Address | . Mailing Address | | 4. FEI Number | <u> </u> | | Applied For | |
| 21 | | 26 | | | 02-0353205 | | | Not Applicable | |
| Suite, Apt. #, etc. | | Stute, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | | |
| City & Stat | te | City & State | | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be led to Fees | |
| Z(p | Country 25 | Ζφ 29 | Country 30 | ' | 8. This corporation has liability for i | | | | |
| | 9. Name and Address of Curren | | 1551 | | 10. Name and Address of New Re | | | | |
| GAS | SMAN, ALAN S. | | 81 | Name | | | | | |
| 1212 COURT STREET, SUITE #B CLEARWATER FL 34616 | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | | | |
| | AIIIAILII I E OTOTO | | 83 | | | | | | |
| | | | 84 | City | | FL | 85 2 | Zip Code | |
| agent. La SIGNATURE | am familiar with, and accept the obligation of t | ations of Section 607.0505, | Florida Statute | 3. | ation's board of directors. I hereby acceptions are acceptions of the second of directors and acceptions are acceptions. | DATE | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND | | | |
| TITLE NAME | D Bartimo, vincent J. | ☐ DELETE | 1.1 TITLE 1.2 NAME | | | | ∐ Chan | ge [] Addition | |
| STREET ADDRESS CITY+ST+ZIP | 5940 PELICAN BAY PLAZA GULFPORT FL | | 1.3 STREET 1.4 CITY-5 | ADDRESS ST-ZIP | | | | | |
| TITLE | AS | DELETE | 2.1 THLE | | | | Chan | ge Addition | |
| NAME | GASSMAN, ALAN S. | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 1212 COURT STREET #B | | 2.3 STREE | ADDRESS | | | | | |
| CITY - ST - ZIP | CLEARWATER FL | | 2 4 CITY- | ST-ZIP | | | | | |
| TITLE | | DELETE | 3.1 TITLE | | | | Chan | ge Add:tion | |
| NAME | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | 3 3 STALE | | | | | | |
| CATY - ST - ZIP | | DELETE | 3.4. C/TY - 4.1 TiTLE | ST-ZIP | | | Chan | ge Addition | |
| ļ | | L. Pritt | 4 | | | | L. J UIIGII | de ["] vonition | |
| NAME CAREET ADOLESES | | | 4 2 NAME | ADODCCC | | | | | |
| STREET ADDRESS | į | | 1 | ADORESS | | | | | |
| CITY - ST - ZIF! | | DELETE | 4.4 CITY - 5 5.1 THLE | 51 - ZIP | | | Chan | ge Addition | |
| NAME | | | 5.2 NAME | | | | | g - Said / NorthOll | |
| STREET ADDRESS | | | | ADDRESS | | | | | |
| } | , | | 5.5 STREE | | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 61 THLE | DI - CIF | | | Chan | ge Addition | |
| NAME | | بالمديد بي | 6.2 NAME | | | | | g | |
| STREET ADORESS | | | | ADDRESS | | | | | |
| | | | | | | | | | |
| C(TY+S1+Z)P | | | 6.4 CITY - : | 1-21r | | | | | |

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 supplied under oath; that I am an officer or oirector 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 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND UPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-7-97

Daylinie Phone #