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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Daytime Phone #

0978631

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCU 1. Corporatio MAR - A	MENT # J1494 MR, INC.	3 (1)		1 HERHOL BARA BARA BARA BARA BARA BARA BARA BAR	RIBU SIAN BIRN BIRU ANNI ANNI NON
Principal Plac	e of Business	Mailing Address			AYDYY BABAA BABAA DIBAA DIBAA DIBAA IRDA
% LORAINE CLACK 1100 15TH AVENUE, NORTH ST PETERSBURG FL 33704		% LORRAINE CLACK 1100 15TH AVENUE, NORTH ST PETERSBURG FL 33704-4120			
				 Date Incorporated or Qualified 05/16/1986 	3a. Date of Last Report 05/01/1996
·	lace of Business	2a. Mailing Address		4. FEI Number 59-2706654	Applied For
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25] 9. Name and Address of Cur	[29] rent Registered Agent	[30]	Florida Statutes 10, Name and Address of New Re	Yes 🐼 No
CLA	CK, LORRAINE		81 Name	101 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 1110	
	D 15TH AVE. N.		82 Street Add	ress (P.O. Box Number is Not Acceptab	الماد
ST	PETERSBURG FL 33704			iross (i .o. box Hambor is Hot Assoptab	
		•	83		
			84 City		FL 85 Zip Code
11. Pursuant office or r agent 1 a	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob	0502 and 607.1508, Florida Statuate of Florida Such change was oligations of, Section 607.0505, F	utes, the above-named cor authorized by the corpora lorida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered at the appointment as registered
SIGNATURE	Signature, typical or printed name of registered	anent and the it applicable INC	TE: Registered Agent signature req.	ured when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
11/11/6	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAMÉ	CLACK, LORRAINE 1100 15TH AVE. N.		1.2 NAME		
STREET ADDRESS	ST. PETERSBURG FL		1.3 STREET ADDRESS		
CHY-ST-ZIF TITLE	OI. EIGNODORO I E	DELETE	1.4 C/TY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY ST-719			2 4 CITY - ST - ZIP		
T: [LE		☐ DELETE	3.1 TITLE		Change Addition
NAME cross cannot se			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		·
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
City-St-Zii		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE		☐] btrtit	6.1 TITLE		
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CHY-ST-ZF			64 CITY-ST-ZIP		
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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.

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE: