FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

Principal Place 1907 83RD ST. RUSKIN FL 33	. S.E .	Mailing Address 1907 33RD ST. S.E. RUSKIN FL 33570-5823			<u></u> -			
	•••					3. Date Incorporated or Qualified		ate of Last Report /23/1996
2. Principal P	lace of Business	2a. Mailing Address	.		· · · · · · · · · · · · · · · · · · ·	05/27/1986 4. FEI Number	04/	Applied for
21		26	26			59-2696197		Not Applicable
Suite, Apt.	Suite, Apt #, etc.	ot #, etc.			5. Certificate of Status Desired		\$8.75 Additional	
27								Fee Required
City & State	9	City & State				6. Election Campaign Financing		\$5.00 May Be
Zip	Country	28 Zip	Count	lrv		Trust Fund Contribution		Added to Fees
21p	25	29	30	цу		8. This corporation has liability for Florida Statutes	Tintangibie	
[4]	9. Name and Address of Currer		1301			10. Name and Address of New R		
LIVI	ERS, DESSA E.		8	31	Name			
1907 33RD ST., S.E.				32	Stroot Adde	Address (P.O. Box Number is Not Acceptable)		
RUSKIN FL 33570				-	ORDEL AGOV	Address (F.O. box Number is Not Addeptable)		
1101	Au, () E 000 / 0		8	33				
			9	34	City			85 Zip Code
					•	oration submits this statement for the	FL	• ¯ ¯
SIGNATURE	Signature, typed or printed name of registered agent and title diapplicable. (NCII OFFICERS AND DIRECTORS			Ageni	it signature require	es when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS ANI	D DIRECTORS IN 12
TITLE	D	DELETE	13.	1.1 TillE				Change Addition
NAME	MYERS, D AVID E		1.2 NAM	Æ				
STREET ADDRESS	1907-33RD ST.,S.E.		1.3 S1R	LET A	ADDRESS			
CITY-ST-ZIP	RUSKIN FL		1.4 CiTY	Y-SI	- 7IP			
TITLE	D	☐ DELETE	2.1 THL	ł.	:			☐ Change ☐ Addition
NAME	MYERS, DAVID E.		2.2 NAM					
STREET ADDRESS	1907-33RD ST., S.E.		R		ADDRESS			
CITY-ST-ZIP	RUSKIN FL	DELETE	2. 4 CIT 3.1 TOL		1-ZIP			Change Addition
TITLE NAME	PS Myers, donetta s.	T DECEME	3.1 10L 3.2 NAN					
STREET ADDRESS	13215 PINE CREEK CIRCLE				ADDRÉSS .			
CITY-ST-ZIP	RIVERVIEW FL		3.4. CIT					
TITLE	***************************************	☐ DELETE	4.1 TiTL					Change Additi
NAME			4 2 NA	ME				
STREET ADDRESS			4 3 S1R	KEFT A	ADDRESS			
CITY-ST-ZIP			4.4 CITY	Y-ST	- ZIP			
TITLE		DELETE	511NL					Change Addition
NAME			5 2 NAM					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CIT		- ZIP			Change Additi
TITLE		ניין טנגנונ	6.1 Tifl L	L C				onungo raduit

6.4 CITY ST-ZIP

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.

STREET ADDRESS