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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

CHMENT #

9009 BAYOU DRIVE

TAMPA FL

STREET ADDRESS

CITY-ST-ZIP

111

	REET 7	Mailing Address 4903 KNOX STREET P.O. BOX 15057 TAMPA FL 33684-5057					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•				3. Date Incorporated or Qualified 05/30/1986	3a. Date of Last R 05/01/1996	leport
2. Principal Place of Business		28. Mailing Address			4. FEI Number		oplied For
21		Suite, Apt. #, etc.			59-2270967		ot Applicable Additional
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	Fee Re		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Re	
23		28	•		Trust Fund Contribution	Added	
Zip			Countr	Country B. This corporation has liability for intangi		intangible tax under s	. 199.032,
24	25 29 30		30		Florida Statutes		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
	KAMM, JOHN B.		81	Name			
	100 N TAMPA STREET			Street Ac	ddress (P.O. Box Number is Not Acceptal	ble)	
SUITE 1900			83	.			
TAMPA FL 33802			**	Ϊ			
ļ. 1	9.	·	84	1 7			Code
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NO	If Registered As		orporation submits this statement for the pration's board of directors. I hereby acce	DATE	
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	Addition
TITLE	RUTKOSKI, JOSEPH J.	 -				Unango	[_] Nadition
NAME	AAAA AHAI BILIB AAAF		1.2 NAME				
STREET ADDRESS	ST. PETERSBURG FL		1.4 CITY-	1 ADDRESS			
CITY-SY-ZIP TITLE	DV	DELETE	2.1 TITLE	31-71		☐ Change	Addition
NAME	FRISCO, RAYMOND S.	2				-	
STREET ADDRESS	ALAA ANALITA ADIFECTI DO			T ADDRESS			
CITY-\$T-ZIP	PLANT CITY FL		2. 4 CITY	- \$1 - ZIP	3	:	
TITLE	DV	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	SCHULTZ, REGIS F.		3.2 NAME				
STREET ADDRESS	8908 SHELDON W. DRIVE		3.3 \$TREE	1 ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4. CITY	- \$1 - ZIP			
TITLE	DV	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	CLEMONS, GERALD D.		4. 2 NAMI				
STREET ADDRESS	10210 CLIFF CIRCLE			4.3 STREET ADDRESS			
C(TY-\$T-ZIP	TAMPA FL	Dr. Par	4.4 CITY - 5.1 TITLE			Change	Addition
TITLE	OCHUTZ CUZARETH					FT Change	L'1 VOUIDOU
NAME	SCHULTZ, EUZABETH		5.2 NAME				
STREET ADDRESS	8908 SHELDON WEST DRIVE			1 ADDRESS			
CITY-ST-ZIP	TAMPA FL	DELETE	5.4 C/TY-			☐ Change	Addition
TITLE	S Lawson, Christina L		61 TITLE 62 NAME			on only c	
INAME	I LAMOUN VIINUIN L		0 Z NAME				

14. Ido 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 trusted 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.

64 CITY-ST-ZIP

63 STREET ADDRESS

Rutkoski, President 2/28/97