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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J50796** 

(8)

May 13 1997 8:00am Secretary of State

**FILED** 

Principal Place of Business  Principal Place of Business  2723 BELL HAVEN DRIVE CLEARWATER F 34623 US  Mailing Address  2723 BELLE HAVEN DRIVE CLEARWATER FL 34623-1002 US								
					<ol> <li>Date Incorporated or Qualified</li> <li>12/31/1986</li> </ol>		of Last R	eport
Princinal I	Place of Business	2a. Mailing Address		<del></del>	4. FEI Number	04/20	/1996	plied For
7		26			59-2824682		<del></del>	ot Applicable
Suite, Apt	: #, etc.	Suite, Apt. #, etc.		··	Certificate of Status Desired		\$8.75	Additional
		27			a. Certificate of Status Desired		Fee Re	<del></del>
City & Sta	ite	City & State			6. Election Campaign Financing			May Be
Zip	Country	28	Count	inv	Trust Fund Contribution		Added	
]	25)	29	30	· J	This corporation has liability to     Florida Statutes	Yes		. 199.032,
I	g. Name and Address of Curr				10. Name and Address of New F	registered Ag	ent	
LAF	rsen, Roberta		8	1 Name				
	O TALAH DRIVE		8	2 Street Add	dress (P.O. Box Number is Not Accept	able)		<del>,</del>
PAL	LM HARBOR FL 34684		<u> </u>					
			8	13				
			8	4 City	· · · · · · · · · · · · · · · · · · ·	r-i	<b>85</b> Zip	Code
<b>4</b> D	the the control of Con	COO and COZ 1500 Florido Ptot	4-0 45- 05-		rporation submits this statement for the	FL	hanaisa i	n sociatoros
office or agent 1	am familiar with, and accept the obl	ate of Florida. Such change was ligations of, Section 607.0506, F	authorized l lorida Statut	by the corpora	ation's board of directors. I hereby acc	ept the appoi	ntment as	registered
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1. 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 12 if changed, or of an attagrighent with an address.

SIGNATURE:

OULLE ANSIN ASSIN

4/29/97

8/3 - 726 - 6622