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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # J52009** 

(4)

Principal Place of Business	Mailing Address
3711-A W GRACE ST	3711-A W GRACE ST
TAMPA FL 33607	TAMPA FL 33607-4812
US	US

## **FILED** Apr 01 1997 8:00am Secretary of State

	PRIX CORPORATION  De of Business  ACE ST	Mailing Addre 3711-A W GRA TAMPA FL 336 US	CE ST		do and				
<b></b>						3. Date Incorporated or Qualified 01/15/1987	3a. Date o		eport
	Place of Business	2a. Mailing Ad	dress			4. FEI Number			plied For
21 Suite, Apt	# etc	26 Suite, Apt	# etc		<del></del>	59-2770402			t Applicable Additional
22		27				5. Certificate of Status Desired		Fee Re	
City & Sta	de	City & Stat	е			6. Election Campaign Financing		\$5.00	May Be
23		28		T 6 5		Trust Fund Contribution		Added t	
Z(p <b>24</b> ]	Country	Zip <b>29</b>		Country 30	у	8. This corporation has liability for Florida Statutes	intangible tax DYes 🔀 N		199.032,
24]	25   9. Name and Address of Curro		t	130]	····	10. Name and Address of New Re			
HU	INTER, PAUL L			81	Name				
	11-A W GRACE ST			62	Street Add	dress (P.O. Box Number is Not Acceptal	ble)	<u></u> .,	
TAI	MPA FL 33607								
				83	1				
	•			84	City		FL®	5 Zip (	Code
11. Pursuant office or agent 1	t to the provisions of Sections 607.05 registered agent, or both, in the Sta ani familiar with, and accept the obli	502 and 607.1508, Flo ite of Florida. Such ch igations of, Section 60	orida Statut ange was 07.0505, Fid	les, the abov authorized by orida Statute	re-named cor by the corpora es.	rporation submits this statement for the jation's board of directors. I hereby acce	purpose of cha pt the appoint	anging it ment as	s registered registered
11. Pursuant office or agent 1: SIGNATURF	Signature: typed or profed name of registered a OFFICERS A	agent and title if applicable.	(NOT			rporation submits this statement for the pation's board of directors. I hereby acceured when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIE	RECTOR	S IN 12
SIGNATURE  12. TITLE	Signature typed or profed name of registered a OFFICERS A	agent and title if applicable.		13.	jeni signature requ	uired when reinstating)	DATE CERS AND DIE		
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Law necessity that the mornament suppries wint this iming does not quality 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.