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

Ck Jun 18 1997 8:00am Secretary of State

Principal Place of Business 4822 3RD AVE. S. ST PETERSBURG FL 33711 US (3) Mailing Address 4822 3RD AVE. S. ST PETERSBURG FL 33711-1																
												 Date Incorporated or Qualified 03/25/1987 		ate of Last R 16/1996	eport	
2. Principal Place of Business						2a. Mailing Address						4. FEI Number			plied For	
21					26	26						59-1583612		No	ot Applicable	
Suite, Apt #, etc.					_	Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75		
City & Stat	City & State					City & State						6. Election Campaign Financing		Fee Re		
23					26	28						Trust Fund Contribution		\$5.00 Added t		
Zip		Co	untry			Zip		T.	Country			8. This corporation has liability fo		··		
24	25					29 30								No		
	9. Name			f Currer	nt Reg	stered	Agent					10. Name and Address of New R	egistered	Agent		
WAK	ELEY, RAY	MOND	R JR						81	Nam	e					
4822 3RD AVE SO										Stree	t Addro	Address (P.O. Box Number is Not Acceptable)				
ST PETE FL 33711												***************************************				
									83							
									84	Cily			FL	85 Zip (Code	
11. Pursuant office or ragent. La	/ .//	ions of cont, or th, and	Sections both, in t accept t	607.050 he State he oblig	2 and of flo alions	607,150 rida Sur d Serit	08, Florida Sta ch chango wa ion 607,0505,	itutes, th as autho Florida	ne above prized by Statutes	i-nam∈ the co	d corpo prporatio	oration submits this statement for the on's board of directors. I hereby accounts	purpose of pt the app	changing its ointment as	s registered registered	
	Signature, typ d	printed	nanie of rec					NOTE: Flug		nt signati	ire require	d when reinstaling)	DATI			
12.	· · · ·	· · · · · · · · · · · · · · · · · · ·	OFFIC	ERS AN	D DIR	ECTORS			13.		··	ADDITIONS/CHANGES TO OFF	CERS AND			
TITLE	WAKELEY	/ DAVI	JOND E	10			☐ DETELE		1.1 TITLE					Change	Addition	
NAME STREET ADDRESS	4822 3RD			1. UIT					1.2 NAME	4000000						
CITY-ST-ZIP	ST PETER			711					1.3 STREET 1.4 CITY - S		'					
TITLE	V						DELETE		2.1 TITLE	1-217	1			Change	Addition	
NAME	WAKELEY	/ III, R/	MONE	R					2.2 NAME							
STREET ADDRESS	ESS 5619 COMMONWEALTH AVE., I					NORTH :			2.3 STREET ADDRESS							
CITY-ST-ZIP	ST. PETE	RSBUF	G FL						2 4 CITY - S	1 - 7IP						
TITLE							∐ DELETE		3 1 11TLF		Δi	CE PRESIDENT NALD L. WAKEL OJ EMERSON A		Change	Addition	
NAME									3.2 NAME		THO	NALD L. WAKEL	EYI	IR_{AAA}		
STREET ADDRESS									3 3 STHEET	ADDRESS	60	OR EMERSON A	VELS	0. 77-10	'	
CITY-ST-ZIP							DELETE		3 4. CITY - S	1 · 71P	43+	PETERSBURG, F	- 337	707		
TITLE NAME							L] DECEME		4.1 TITLE					Change	☐ Addition	
STREET ADDRESS									4. 2 NAME 4.3 STREET	LDDDCCC						
CITY-ST-ZIP											'					
TITLE							DELETE		4.4 CITY-SI 5.1 TITLE	- 70	+			Change	Addition	
NAME								- 1	5.2 NAME					Containing		
STREET ADDRESS	•								5.3 STREET	ADORESS	:					
CITY-ST-ZIP									5.4 CITY - ST							
TITLE						•	DELETE		6 1 TITLE					☐ Change	Addition	
NAME								ı	G.2 NAME							
STREET ADDRESS									6.3 STREET	ADDRESS						
CITY-ST-ZIP									6.4 CHY-S1	- 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 eath; 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.