## 2 25- 97 B- 2267 C FILE NOW: FILING FEE AFTER MAY 1 IS \$554

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

Sandra B. Mort

Secretary of Sta

STATE

**FILED** Feb 25 1997 8:00am Sacratory of State

•	1997		DIVISION OF	CORPOR	IONS	Secreta	ary or	. 31	iaie	
	MENT # <b>J6</b> L <b>ATLANTIC MOR</b>		(9) NATION			T MARIND AND ANNE SENDA INCER MINE AND ANN BURN BURN BURN BURN BURN BURN BURN BU				
Principal Place of Business P.O. BOX 272506 TAMPA FL 33688		P.O.	Mailing Address P.O. BOX 272906 TAMPA FL 33688-2906							
			9			3. Date Incorporated or Qualified 04/21/1987	3a. Date of 02/07/19		port	
2. Principal Pr	ace of Business	<u>1</u>	Mailing Address			4. FEI Number 59-2824182		Арр	lied For	-
Suite, Apt	#, etc	26	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	\$8		Applicable dditional	1
City & State		27	Orty & State					ee Req	· · · · · · · · · · · · · · · · · · ·	4
23 City 6 State	,	28	Jry & State			6. Election Campaign Financing Trust Fund Contribution		<b>5.00</b> N Idded to		
Ζιρ 24	Country 25	29	Zip	30	у	This corporation has fiability for Florida Statutes	intangible tax u		199.032,	]
541		ss of Current Registe	red Agent			10. Name and Address of New Re				1
	N, EDWARDS D.				1 Name					
	1 LAKESHORE VILLA	N DR.			Street Add	ress (P.O. Box Number is Not Acceptat	ole)		<del></del>	1
TAM	PA FL 33613									-
								- <del></del>		_
					City		FL 85	Zip Co	oge	
11. Parsuant office or re	to the provisions of Sect egistered agent, or both m familiar with, and acc	ions 607,0502 and 60 , in the State of Florida	7 1508, Florida Statu a. Such change was	ites, the authori	re-named cor y the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of chan	ging its ent as re	registered egistered	1
agont. La	m familiar with, and acc	ept the obligations of,	Section 607.0505, F	Iorida S	<b>S</b> .	, <b>,</b>				
SIGNATURE	Signer is typical or punited name	or regularist agent and title if	applicable (NO	TI: Regis	ant algnature requ	ired when reinstaling)	DATE			
12.		FFICERS AND DIREC				ADDITIONS/CHANGES TO OFFIC				]{
TITLE	PD Edwards, D. Lyni	N	☐ DELETE	1			∐ 0	nange	Addition	9
NAME STREET ADDRESS	15531 LAKESHORE				: ADDRESS					Š
CITY-ST-ZP	TAMPA FL			1,	ST - ZIP					Š
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NAME	EDWARDS, CHARL			2.	}					
STREET ADDRESS	15531 LAKESHORE	: VILLA DR.		2.3	1 ADDRESS					
CHY-ST-ZIP TITLE	TAMPA FL		DELETE	2.	ST-ZIP			hanne	Addition	-
NAME			L_ Direction	3.2				na-rgio	7,00,001	
STREET ADDRESS				3.3	ET ADDRESS					
City-St-78				3 4.	-ST-ZIP					
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STREET ADDRESS				1	EET ADDRESS					
CHY ST Zie		***************************************	DELETE		Y-ST-ZIP E		C	hance	Addition	-
TITLE			ma pettit	5.1 N			<i>ب</i>	ango.	- AVGIRON	1
STREET ADORESS					REET ADDRESS					Ì
CITY-ST-ZIP					Y-ST-ZIP					
TUTCE			DELETE	6.1 TIT			c	hange	Addition	1
NAME				6.2 NA	ME					
STREET ADORESS				6.3 STF	REET ADDRESS					ĺ
City-St-7iP	has prografify a throne at the lands and	ation purpled with at	e filing done not e		Y-S1-ZIP	id in Section 119 07(3)(i) Elected Control	o I further cont	fu the *		1
information	oy Garmy men into intolla mindoestaal aa this an ii	internacipalities with the	s ming accession qua estal approal topoet in	true pod a	courate and the	ed in Section 119.07(3)(i), Ftorida Statute	al officet as if me	ida undi	or eath: the	٠.

for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Daytime Phone #