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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997

STREET ADDRESS

**SIGNATURE** 

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 14 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J78018

(5)

CONTEMPO-UNITED TIMING CORPORATION

| Principal Pla                                                                | ce of Business                              | Mailing Address               |                        |           | f inditte mit inser ther anim then this                                              | MIMIL MENTI BEREI              | NIBIO BIBIO 45    | IBIT IEDI       |
|------------------------------------------------------------------------------|---------------------------------------------|-------------------------------|------------------------|-----------|--------------------------------------------------------------------------------------|--------------------------------|-------------------|-----------------|
| % 500 S. HOWARD AVENUE % 500 S. HOWARD AVEN<br>TAMPA FL 33606 TAMPA FL 33606 |                                             |                               | ENUE                   |           |                                                                                      |                                |                   |                 |
|                                                                              |                                             |                               |                        |           | 3. Date Incorporated or Qualified 06/12/1987                                         | 3a. Date 05/01/                | of Last Re        | aport           |
| 2. Principal                                                                 | al Place of Business 2e. Mailing Address 26 |                               |                        |           | 4. FEI Number 59-2812337                                                             | Applied For Not Applicable     |                   |                 |
| Suite, Apt                                                                   |                                             | Suite, Apt. #, etc.<br>27     |                        |           | 5. Certificate of Status Desired                                                     | \$8.75 Additional Fee Required |                   |                 |
| City & Sta                                                                   |                                             | City & State                  |                        |           | Election Campaign Financing     Trust Fund Contribution                              |                                | \$5.00<br>t bebbA |                 |
| Zip<br>24                                                                    | Country 25                                  | Zip<br><b>29</b>              | Countr                 | ÿ         | 8. This corporation has liability for Florida Statutes                               | intangible tax                 |                   | 199.032,        |
|                                                                              | 9. Name and Address of Curre                | nt Registered Agent           |                        |           | 10. Name and Address of New R                                                        | egistered Ag                   | ent               |                 |
| HOLMES, JOHN J.                                                              |                                             |                               |                        | Name      |                                                                                      |                                |                   |                 |
| 2807 W. PARKLAND BLVD.                                                       |                                             |                               | 82                     | Street Ac | dress (P.O. Box Number is Not Accepta                                                | ble)                           |                   |                 |
| . TAN                                                                        | MPA FL 33609                                |                               | 83                     |           |                                                                                      |                                |                   |                 |
|                                                                              |                                             |                               | 84                     | City      |                                                                                      | FL                             | <b>B5</b> Zip (   | Dode            |
| agent. I<br>SIGNATURE                                                        | am familiar with, and accept the oblig      | pations of, Section 607.0505, | Florida Statute        | S.        | orporation submits this statement for the ration's hoard of directors. I hereby acce | DATE                           |                   |                 |
| 12.                                                                          |                                             | ID DIRECTORS                  | 13.                    |           | ADDITIONS/CHANGES TO OFFI                                                            |                                |                   |                 |
| TITLE                                                                        | COB<br>MENDELSON, DAVID G                   | ☐ DELETE                      | 1.1 TOLE               | ŀ         |                                                                                      | L                              | Change            | ∐ Addilion      |
| NAME<br>STREET ADDRESS                                                       | AAAT BARIII AND BUILD                       |                               |                        | T AODRESS |                                                                                      |                                |                   |                 |
| CITY-ST-ZIP<br>TITLE                                                         | D                                           | DELETE                        | 1.4 CHTY-<br>2.1 THTLE | S1 - 71P  |                                                                                      |                                | Change            | Addition        |
| NAME                                                                         | HOLMES, JOHN J JR.                          |                               | 2.1 THEE               | 1         |                                                                                      | L                              | , onenge          | LI MODIUDII     |
| STREET ADDRESS CITY-ST-ZIP                                                   | ALAN DANIEL ALID BULL                       |                               | 2.3 STREE              | 1 ADDRESS |                                                                                      |                                |                   |                 |
| TITLE                                                                        | ST                                          | DELETE                        | 2. 4 CHY-              |           | ST                                                                                   |                                | Change            | Addition        |
| NAME                                                                         | FARNSWORTH, MAURA S                         | <b>~</b>                      | 3.2 NAM(               | -         | amelle A. Holmes<br>2807 Pavkland Blvd<br>Tampa, FL 33404                            | <b>L</b>                       | Chango            | N-A LOGINICA    |
| STREET ADDRESS                                                               | THE SHIPM OFFER DD                          |                               |                        | ADDRESS   | 2807 Pavilland Blvd                                                                  |                                |                   |                 |
| CITY-ST-ZIP                                                                  | BRANDON FL                                  |                               | 3.4. CITY              | S1 · 7IP  | 170m0a. 12 33404                                                                     |                                |                   |                 |
| TITLE                                                                        |                                             | ☐ DELE1€                      | 4171111                |           | Teaches 1                                                                            |                                | Change            | Addition        |
| NAME                                                                         |                                             |                               | 4. 2 NAME              |           |                                                                                      |                                | -                 |                 |
| STREET ADORESS                                                               |                                             |                               | 4.3 STREE              | I ADDRESS |                                                                                      |                                |                   |                 |
| CITY-ST-ZIP                                                                  |                                             |                               | 4.4 CITY -             |           |                                                                                      |                                |                   |                 |
| TITLE                                                                        |                                             | DELETE                        | 5.1 TOLE               |           |                                                                                      |                                | Change            | Addition        |
| NAME                                                                         |                                             |                               | 5.2 NAME               |           |                                                                                      |                                |                   |                 |
| STREET ADDRESS                                                               |                                             |                               | 5 3 S1HEF              | I ADDRESS |                                                                                      |                                |                   |                 |
| City-St-ZIP                                                                  |                                             |                               | 5.4 CITY-              | ST-7/P    |                                                                                      |                                |                   |                 |
| *******                                                                      |                                             | DELETE                        | 0.4 ***                |           |                                                                                      |                                | Change            | 1 1 1 2 2 2 2 2 |

6.2 NAME

6.3 STREET ADDRESS

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 oath, that I am an officer or director of the constant on 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 charged, out an attachment with an address