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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

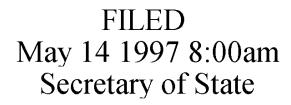
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # J78686

(9)

SARON & EISENSTADT, P.A.

Mailing Address





Principal Place of Business 809-48TH-9T. NO.: STE: 52- ST. PETERSBURG FL 33710		Mailing Address -003 48TH-ST. NO STE. BE- ST. PETERSBURG FL 33710-7334		C 18811/0 21/1 1868) IONE Biller 181/8 din 2134 Biber arbit Ciden Colon	
				3. Date Incorporated or Qualific 06/19/1987	3a. Date of Last Report 02/01/1996
,	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1400		26 1400 66·	th ST.N.	59-28 18867	Not Applica
Suite, Apt. [22] Suit		Suite Apt. #, etc.) 4	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		6. Election Campaign Financing	
23 ST. F	etersburg FL	28 ST. Peters	borg, PL	Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Codniry	8. This corporation has tiability	for intangible tax under s. 199.032
24 337		29 33710	30 Pinellas	Florida Statutes	Yes No
	9. Name and Address of Curren	t Registered Agent	B1 Name	10. Name and Address of New	Registered Agent
	ON, WILLIAM K.				
	497H-07: NO.; CTE: 8-2			ress (P.O. Box Number is Not Accer	otable)
। ठाः -	PETERSBURG FL-88710		1400 63 63 1400	66th ST. N	
			SUIT	e 104	
			84 City	. Petersbura	FL 85 Zip Code
11. Porsuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statut	es the above-named cor		
off-ce or i	registered agent, or both, in the State ani familiar with, and accept the obliga-	of Florida. Such change was	authorized by the corpora	tion's board of directors. I hereby ac	cept the appointment as registere
-	am ramiliar with, and accept the obliga	ations or, Section 607,0505, Fig	orida Statutes.		
SIGNATURE	Signature, type of or printed name of registered age	or and tille if applicable. (NOT	E. Registered Agent a gnature requi	ired when reinstating)	DATE
12.	OFFICERS AN		13.		FICERS AND DIRECTORS IN 12
Tille	DPT	DELETE	1.1 TITLE		Change Addi
NAME	SARON, WILLIAM K.		1.2 NAME		
STREET AODRESS	4000 SHORT LEAF LANE N.E.		1.3 STREET ADDRESS	100 66th ST.N.	Suite 104
CITY: ST-ZiF	ST. PETERSBURG FL		1.4 CITY-ST-ZIP S	T. Petersburg FL	. 33710
TITLE	DVS	DELETE	2.1 TITLE	3	Change Addi
NAME	EISENSTADT, BRIAN B.		2.2 NAME		
STREET ADDRESS	511-1016T-AVE- E-			100 66th ST.N.	Suite 104
C(TY+S1+Z)P	REDINGTON BEACH FL		2. 4 CITY-ST-ZIP S	T. Petersburg Fi	33710
THE		☐ DELETE	3.1 TITLE	7	Change L Addi
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-ZiF			34. CITY-ST-ZIP		
1:1LF		☐ DELETE	4.1 TITLE		Change Addi
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST+ZIP		—————————————————————————————————————	4.4 CITY-ST-ZIP		
TITLE		L_J DELETE	5.1 TITLE		Change Addi
NAM:	1		5.2 NAME		
STREET ADOPESS			5.3 STREET ADDRESS		
CITY - ST - 7161		T DELFTE	5.4 CITY-ST-ZIP	·	[] Al
TIPLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addi
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City St-Zil-			6.4 CITY+ST-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 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 ged, or on an attachment with an address

SIGNATURE: