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

	MENT # J86332 CORPORATION	(0)					
Principal Place of Business 4616 W KENNEDY BLVD TAMPA FL 33609		Mailing Address 4616 W KENNEDY BLVD TAMPA FL 33609-2520		T TORUNG BLOCK SOURCE SAILED ANNUE WHEN DIRECT BROKE DIRECT BROKE DIRECT STREET STREET			
					3. Date Incorporated or Qualified 09/01/1987	3a. Date of Last 08/21/1996	Report
2. Principal Pl	Principal Place of Business 2a. Mailing Address 26				4. FEI Number 59-2840465	 - -	Applied For Not Applicable
		Suite, Apt. #, etc.	——————————————————————————————————————		6. Certificate of Status Desired	4	Additional Required
City & State	atc Criy & State				Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip 24	Country 25	Zip 29	Country 30			Yes No	s. 199.032,
MAD	 Name and Address of Current TIN, EARL R. H. 	Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	CYPRESS TRACE DR						
	PA FL 33624		82	Street Add	lress (P.O. Box Number is Not Acceptat	ole)	
			83				
			84	City		- 85 Zip	Code
	207.0000	007.4600 5		· •		FL ' '	
office or n	to the provisions of Sections 607,0502 egistered agent, or bolh, in the State i m familiar with, and accept the obliga	r and 607,1508, Florida Statu of Fforida. Such change was tions of, Section 607,0505, Fl	tes, the above authorized by orida Statutes	the corpora	poration submits this statement for the pation's board of directors. I hereby acce	purpose or changing pt the appointment a	s registered s registered
SIGNATURE							
12.	Signature, typed or pential natural registered agent and title if applicable (NOTE OFFICERS AND DIRECTORS			Rogistered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST DELETE		1.1 TITLE		ADDITIONS/OFFACES TO CITY	Change	Addition
NAME	MARTIN, EARL R.H.		1.2 NAME	1			
STREET ADDRESS	5008 CYPRESS TRACE DR.		1.3 STREET	ADDRESS			
CiTY-ST-ZiP	TAMPA FL		1.4 CITY-S	T-ZIP			
TITLE	DELETE		21 TITLE			Change	☐ Addition
NAME			2.2 NAME	1			Ì
STREET ADDRESS			2.3 STREET	ADDRESS	To .		
CHY-ST-ZIF			2. 4 CITY-5	ST-ZIP			
TITLE		DELETE	3 1 TITLE			Change	Addition
NAME			3.2 NAME]
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY - S1 - ZIP			3.4. CITY-5	ST-ZIP			
TITLE		DELETE	4.1 THTLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	1			ļ
C(TY+ST-ZIP		DELETE	4.4 CITY-S	1 · ZIP		☐ Change	Addition
TITLE		F" Nereit	5.1 TITLE	}		C cualite	LT Addition
NAME			5.2 NAME	4000000			
STREET ADDRESS			5.3 STREET	i			
CITY-ST-ZIP TITLE		DELETE	54 CITY-S 61 Tritle	r-ZIP		Change	Addition
NAME		Secret Francis	6.2 NAMÉ				

CITY-ST-ZIP

14. If do hereby certify that the information supplied with this filling 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 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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/97

(813) 236-8226

FILED

Apr 10 1997 8:00am

Secretary of State