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

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 08 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

(1)

Principal Place 1131 N. 2ND 8 #A128 TAMPA FL 3W	ST.	Mailing Address 2005 PAN AM CIR 500 TAMPA FL 33607-23	359				
บร	•••	US				3. Date Incorporated or Qualified 08/06/1987	3s. Date of Last Report 05/01/1996
Principal Place of Business     The Principal Place of Business     The Principal Place of Business		2a. Mailing Address 26				4. FEt Number 59-2828694	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				Election Campalgn Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ <b>29</b>	Country 30			8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔣 No
LAV	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Re	gistered Agent
HAYES, GEORGE 11311 N. 22ND ST SUITE A128			-	82	Street Add	ress (P.O. Box Number is Not Acceptab	le)
	IPA FL 33612			83			
				84	City		FL 85 7 p Code
SIGNATURE	Signature, typed or printed name of registered a	agent and film it applicable	(NOIE Regis	ered Ago		oration submits this statement for the p tion's board of directors. I hereby accep red when rensaling) ADDITIONS/CHANGES 10 OFFIC	DATE ERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	D Hayes, George 11311 n. 22ND St			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			Change Addition
CITY-ST-ZIP	TAMPA FL			1.4 CHY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP	D CIARDELLA, JEAN 1012 LOWER RIVER ROAD LINCOLN, RI	ר"] מנונ	2	1 TILLE 2 NAME 3 STREET 4 CITY-S			L.] Change L.] Addition
TITLE NAME STREET ADDRESS		☐ DELE	3 3 3	1 THLE 2 NAME 3 STREET	ADDRESS		Change Addition
TITLE NAME STREET ADDRESS		DELE	1E 4.	4. CHY-S 1 TITLE 2 NAME			Change Addition
CITY-ST-ZIP TITLE NAME		DELF	1E 5	.4 CHY - S .1 TITLE .2 NAME	ADORESS 1-20/		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELE	5		AUDRESS 1-7IP		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	·	Lud VIII	6	2 NAME	ADDRESS		g.m (g.* ) (v.* [/] (v))

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 suppliemental 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 of 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 changes, or on an attachment with an address.