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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # J90648

(3)

CORCORAN & WUNDERLIN, INC.

Principal Place * ANDREW A. 4818 GANDY BI TAMPA FL 3361	wunderlin Lyd	Mailing Address % ANDREW A. WUNDERLI 4818 GANDY BLVD TAMPA FL 33611-3003	% ANDREW A. WUNDERLIN 4818 GANDY BLVD		3. Date Incorporated or Qualified 3. Date of Last Report	
					08/30/1987	01/17/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2864680	59-2864680 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 City & State		City & State		6, Election Campaign Financing		
		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	7 ₁ p	Count	гу	8. This corporation has liability for in	
24	25	29	30			Yes No
148.6	9. Name and Address of Currer	nt Registered Agent	8	1 Name	10. Name and Address of New Reg	Jistered Agent
	IDERLIN, ANDREW A					
4818 GANDY BLVD TAMPA FL 33611			8	2 Street Add	dress (P.O. Box Number is Not Acceptable	e)
174Mi	TATE 33011		8	3		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			_			In I 7: Ordo
			°	4 City		FL 85 Zip Code
office or ri agent I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida Such change was :	authorized	by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
SIGNATURE	Signature, type for printed name of region collag-	eer and ottent applicable (NOT	IE. Registered A	gent signature req	uired when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D ANDROCHI ANDREW A	☐ DELETE	1.1 TITLE			Change Addition
NAME STREET ARROYS	WUNDERLIN, ANDREW A. 4818 GANDY BLVD		1.2 NAM			
STREET ADDRESS City-St-Zip	TAMPA FL		1.4 CITY	ET ADORESS		
TITLE	D	DELETE	2.1 TITLE		77877111	Change Addition
NAME	CORCORAN, STEPHEN L.		2.2 NAM	E		
STREET ADDRESS	4818 GANDY BLVD		2.3 STRE	ET ADDRESS		
CITY - ST - ZIP	TAMPA FL		2 4 CIT	- ST-ZIP		
TITLE		DELETE	3 1 TITL			L Change Addition
NAME			3 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.1 TITL	'-ST-ZIP		Change Addition
NAME			4 2 NAM	-		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 C(TY	- ST-ZIP		
TITLE		DELETE	51 TITL			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STR	ET ADDRESS		
CITY - ST - ZIP		☐ DELETE		- \$1 - ZIP		Change Addition
TITLE		C DECENT	61 TITL 62 NAM			C sharige C rodition
NAME STREET ADDRESS				ET ADDRESS		
CITY-SI-ZIP			. I	- ST - ZIP		
14. I do herel informatio I am an o	on indicated on this annual report or	supplemental annual report is ir the receiver or trustee empor	lify for the e true and ac wered to ex	xemption stat	ed in Section 119.07(3)(i), Fiorida Statute lat my signature shall have the same lega lort as required by Chapter 607, Florida S	I effect as if made under oath; that