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

**PROFIT CORPORATION ANNUAL REPORT** 

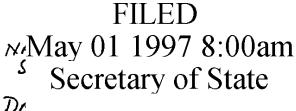


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997



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Principal Place of Business Mailing Address								The second section				arri li
2713 W. HENR TAMPA FL 336		2713 W. HENRY AVE. TAMPA FL 33614-6026										
								ate Incorporated or Qualified )/27/1987	3a. Da			port
2. Principal F	Place of Business	2a. Mailing	2a. Mailing Address				4. FEI Number			Ĺ		olied For
21		26						59-2865301			Not Applicable	
Suite, Apt. 22		27					<b>5.</b> C	ertificate of Status Desired		-	75 A	dditional Juited
City & Stel		28						ection Campaign Financing ust Fund Contribution				May Be Fees
Zip 24 •	Country 25	Zip <b>29</b>		Gountry 30			1		r intangible tax under s. 199.032,			
	9, Name and Address of Cur	rent Registered A	gent	81		Name	10. N	ame and Address of New Re	gistered A	gent		
	3 W. HENRY AVE. PA FL 33614			8:	3	Street Add	dress (P.O	. Box Number is Not Acceptat	ole)			
office or i	to the provisions of Sections 607.6 registered agent, or both, in the Stam familiar with, and accept the ob	ale of Florida. Suci	h change was	authorized b	ve-	the corpora	poration s	submits this statement for the pard of directors. I hereby accep	FL ourpose of pt the appo	chang	Zip C ing its nt as r	registere
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,		,									
					g stored Agent signature require 13.			nstating) DITIONS/CHANGES TO OFFIC	DATE	DIDEC	TODO	IN 10
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CITY-ST-ZIP	TAMPA FL 33614				1 4 CITY - ST - ZIP							
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NAME			VELLIE	4.1 111LE 4.2 NAM						U (110	yo	

400002165314 -05/05/97--01024--012 \*\*\*165.00 14. I do hereby certily 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 13 if changed, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-7IP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

\_\_\_ Addition

☐ Change