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

PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 16 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K04532

(3)

656 15TH AVE N.E. 656 15TH		Mailing Address 656 15TH AVE., N.E. ST. PETERSBURG FL 33	3704-4709		
				3. Date Incorporated or Qualified	3a. Date of Last Report
				12/02/1987	04/12/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. i	t elc	Suite Apt. #, etc.	,,	59-2869616	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
<i>Z</i> ⊮p ••••1	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Cur	rent Registered Agent	30	Florida Statutes M  10. Name and Address of New Reg	Yes No
TADE	ES, HELEN	Total Control of Marie	81 Name	141 LIMILE BILA LINGINGS AL LINES LINES	and the Canal
	STH AVENUE N.E.		20 0	(D.O. D. 101	
	ETERSBURG FL 33704-4709	<b>;</b>	82 Street Ado	iress (P.O. Box Number is Not Acceptable	θ)
****			83		<u> </u>
			84 City		85 Zip Code
			• •   • • • • • • • • • • • • • • • •		FL   55   2.5 0000
11. Pursuant t	a the provisions of Sections 607 (	0502 and 607.1508. Florida Sta	itules, the above-named cor	poration submits this statement for the pu	rpose of changing its registered
SIGNATURE .	o the provisions of Sections 607 agistered agent, or both, in the St in familiar with, and accept the ob-		itutes, the above-named coras authorized by the corpora Florida Statutes.	poration submits this statement for the pu ation's board of directors. I hereby accept aired when reinstating)	urpose of changing its registered the appointment as registered
SIGNATURE .	Signature Typed or pearly carame of regeters.	d agent and title 4 applicable (N			DATE
SIGNATURE	Signature (Spied or perfect and od objecters) OFFICERS PST	faceoit and time #arghicable (N	NOTE: Registered Agent signature requ	uired when reinstating)	DATE
SIGNATURE.  12.  HILE  NAME	OFFICERS PST TORRES, HELEN	d agent and title 4 applicable (N	NOTE: Registered Agent signature required.  13.  1.1 TITLE  1.2 NAME	uired when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  HILE NAME STREET ADDRESS	OFFICERS PST TORRES, HELEN 656 15TH AVE., N.E.	d agent and title 4 applicable (N	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY: ST-ZIP	OFFICERS PST TORRES, HELEN 656 15TH AVE., N.E. ST. PETERSBURG FL	d agent and this diagracable (*AND DIRECTORS   DELETE	NOTE: Registered Agent signature required.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CHY-SI-ZIP	uired when reinstating)	DATE ERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS PST TORRES, HELEN 656 15TH AVE., N.E. ST. PETERSBURG FL D	d agent and title 4 applicable (N	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP 2.1 TITLE	uired when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PST TORRES, HELEN 656 15TH AVE., N.E. ST. PETERSBURG FL D TORRES, HELEN	d agent and this diagracable (*AND DIRECTORS   DELETE	NOTE: Registered Agent signature required.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CHY-SI-ZIP	uired when reinstating)	DATE ERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12.  11/LE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS PST TORRES, HELEN 656 15TH AVE., N.E. ST. PETERSBURG FL D	d agent and this diagracable (*AND DIRECTORS   DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-7IP 2.1 TITLE 2.2 NAME	uired when reinstating)	DATE ERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS	PST TORRES, HELEN 656 15TH AVE., N.E. ST. PETERSBURG FL D TORRES, HELEN 656 15TH AVE., N.E.	d agent and this diagracable (*AND DIRECTORS   DELETE	NOTE: Registered Agent signature required.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 City-SI-Zip  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	uired when reinstating)	DATE ERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME SIREET ADDRESS CITY: ST-ZIP TITLE TITLE TITLE	PST TORRES, HELEN 656 15TH AVE., N.E. ST. PETERSBURG FL D TORRES, HELEN 656 15TH AVE., N.E.	AND DIRECTORS  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-SI-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-SI-ZIP	uired when reinstating)	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  12.  HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	PST TORRES, HELEN 656 15TH AVE., N.E. ST. PETERSBURG FL D TORRES, HELEN 656 15TH AVE., N.E.	AND DIRECTORS  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-SI-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-SI-ZIP  3.1 TITLE	uired when reinstating)	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition
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