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



Sandra B. Mortham

COR ANNU	PROFIT PR	FLORIDA DEPARTM Sandra B. A Secretary of DIVISION OF COR	Mortham of State	l l	1997 8:00am tary of State
	COURT	Mailing Address	N658-		
US		US		3. Date Incorporated or Qualific	3a. Date of Last Report 06/08/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1710		26 PO Box 6174	1	59-2860018	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e 101	City & State		6. Election Campaign Financing	
23 Clea:	rwater, FL	28 Clearwater,		Trust Fund Contribution	Added to Fees
Zip 24 3462	Country	Zip 29 34618 30	Country		for intangible tax under s. 199.032, Yes X No
24 3462	5 25 9. Name and Address of Current R		<u>u</u>	Florida Statutes 10. Name and Address of New	
1	SER, MICHAEL L		81 Name		
				Address (P.O. Box Number is Not Acce	
189	PON SPRINGS FL 34669		83	O N. Hercules Ave	, Ste. 101
			84 City		85 Zip Code
			016	earwater	FI 3/4625
11. Pursuant office or to	to the providings of Sections 607.0502 a egistered autini, or both, in the State of m familia with, and accept the obligatio	ind 607.1508, Florida Statutes, Florida: Such change was aut	the above-named norized by the cor	corporation submits this statement for the coration's board of directors. I hereby accoration is a submit of the corporation of the corporation is a submit of the corporation of the co	ne purpose of changing its registered coupling the appointment as registered
1	m familia with, and accept the obligation	ins of, Section 607.0505, Florid	da Statutes.	. Nimantan indi	
SIGNATURE	Signate. Will be printed name of registered agent a	nd little if applicable (NOTE: R	J. HAUSE! Registered Agent signature	Director Apri	1 30, 1997
12.	OFFICERS AND E		13.	ADDITIONS/CHANGES TO O	FICERS AND DIRECTORS IN 12
NAME	D Hauser, Michael L	☐ DELETE	1.1 TITLE 1.2 NAME		K Change L Admitter (5)
STREET ADDRESS	2108 PELICAN COURT			1710 N. Hercules	FICERS AND DIRECTORS IN 12 K Change Addition Ave., Ste. 101 625
CITY-S1-2IF	TARPON SPRINGS FL		1.4 CITY+ST-ZIP	Clearwater, FL 34	625
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition ○
NAME		İ	2.2 NAME		
STREET ADDRESS CITY-ST-ZIP		}	2.3 STREET ADDRESS 2.4 City-St-Zip		
TILE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS		1	33 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE NAME		pereir	4. 2 NAME		Lin Gridingo Lin Flooriton
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-7iP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME Cross appears			5.2 NAME		
STREET ADDRESS CITY ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
117LF		☐ DELETE	61 TITLE		Change Addition
NAME		!	62 NAME		
STREET ADDRESS		,	63 STREET ADDRESS		;
CITY-\$1-2IP			6.4 CiTY - ST - ZIP		

14. I do hereby certify that the information exoplied 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 to resupplemental annual report is true and accurate and that my signature shalf have the same legal effect as if made under oath; that it am an officer or director of the correction 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 printed, or on an attachment with an address.

SIGNATURE:

HELL MIGHALIPE PAUSER, DIRECTOR

FILED