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

PROFIT
CORPORATION
ANNUAL REPORT
1997

Principal Place of Business

% JOSEPH E. MELENDI

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # K08435

(5)

Mailing Address

% JOSEPH E. MELENDI

MELENDI, GIBBONS & GARCIA, P.A.

**FILED** 

Apr 30 1997 8:00am

Secretary of State

408 E. MAD TAMPA FL S		408 E. MADISON ST. TAMPA FL 33602-4607		3. Date Incorporated or Qualified	3a. Date of Last Report	
	· ·			12/22/1987	05/09/1996	
· ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2815928	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 Oib. 8 Ct		27]			Fee Required	
City & St	ate	City & State		6. Election Campaign Financing	\$5.00 May Be	
<b>23</b> Zip	Country	28	Country	Trust Fund Contribution	Added to Fees	
24	— ·	Zip	Country	8. This corporation has liability for i		
24 25 25 Name and Address of Current			30	Florida Statutes  10. Name and Address of New Re	Yes No	
	<del> </del>	on nogistored Agent	81 Nàme	10. 142/116 and Address of New Re-	Bisteled Agent	
	ELENDI, JOSEPH E.		Than c			
408 E. MADISON ST.		,	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
17	AMPA FL 33602		83			
			[55]			
			84 City		FL 85 Zip Code	
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable (NOTE ND DIRECTORS	Registered Agent signature req	pured when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12	
TITLE	DPT	DELETE	1.1 TITLE	TIDOTTONIS (O TITALO TO OTTA	Change Addition	
NAME	MELENDI, JOSEPH E.		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP			
TITLE	8	DELETE	2.1 TITLE		Change Addition	
NAME	MELENDI, JOSEPH E		2.2 NAME		•	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 City - ST- ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS	s		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 71TLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS	s		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - S1 - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS	s		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE	1	DELETE	6.1 TITLE		☐ Change ☐ Addition	

14. 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 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 convoration or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 shanged, or on an anathement of an address.

6.2 NAME