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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K09598

(9)

GEORGE C. BRETTING, C.P.A. P.A.

FILED

Jan 23 1997 8:00am

Secretary of State

Principal Place of Business C/O GEORGE C. BRETTING 511 ROSERY RD NE SUITE 1D LARGO FL 4460 33770-1572 Mailing Address C/O GEORGE C. BRETTING 511 ROSERY RD NE SUITE 1D LARGO FL 33770-1572						3. Date Incorporated or Qualified 01/01/1988 3a. Date of Last Report 01/24/1996				
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			Applied F	or
21		26				59-2854956			Not Applic	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Addition Required	
City & Sta	te	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip 29	30	ntry	, ,,	8. This corporation has liability for Florida Statutes	intangible Yes		s. 199.03	32,
	9. Name and Address of C				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10. Name and Address of New Re				
BRE	TTING, GEORGE C.			81	Name					
511 ROSERY ROAD NE SUITE 1D LARGO FL O1010 33770				82	Street Add	ess (P.O. Box Number is Not Acceptable)				
				83						
L. C.	001500000000000000000000000000000000000			_						
				84	City		FL	85 Zig	o Code	
office or	registered agent, or both, in the	State of Florida Such change will obligations of, Section 607.0505	as authorized . Florida Stat	d by utes	the corpora	ooration submits this statement for the pation's board of directors. I hereby accepted when renstating)	ot the ap	xintment a	is registe	red
12.	OFFICE	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	DIRECTO	RS IN 12	2
TITLE	D	☐ DELETE	1 1 TI	TLE				Change	Ac	ddition
NAME	BRETTING, GEORGE C.		1.2 N/	2 NAME						
STREET ADDRESS	511 ROSERY ROAD NE	1.3		1.3 STREET ADDRESS						
CITY-ST-ZIP	LARGO FL		1.4 CI		T - ZIP					
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City - St - Zip			3.4. C							l
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NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET	ADDRESS					}
CITY - ST - ZIP			5.4 CI							
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NAME			62 N	AME	Ī					
STREET ADDRESS			63 \$1	REET	ADDRESS					

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 comporation 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

1/15/17(819)585-1107