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 DOCUMENT # K50956

(7)

Principal Place of Business Mailing Address 5660 W. CYPRESS ST. SUITE H TAMPA FL 33607 US Mailing Address 5660 W. CYPRESS ST. SUITE H TAMPA FL 33607 US				3. Date Incorporated or Qualified 3a. Date of Last Report 12/05/1988 04/16/1996				
2. Principal P	Place of Business	26. Mailing Address .		/ ^	4. FEI Number	UH/		plied For
21		26. Mailing Address	oe l'	ark Ua	65-0085327		P	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	te	City & State	rux,	FL	Election Campaign Financing Trust Fund Contribution	' D	\$5.00 Added t	
Zip 24	Country 25	34621	Copr	- oblas	This corporation has liability to Florida Statutes		tax under s.	199,032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New	Registered A	gent	
	rdwell, william e.		81	Name				
5660 W. CYPRESS ST. SUITE H				Street Adda	ress (P.O. Box Number is Not Accep	ss (P.O. Box Number is Not Acceptable)		
	MPE FL 33607		83					
			84	City		FL	85 Zip (Code
	1							
SIGNATORI.	Signature, typed or printed name of registered age	n) and little if applicable (NOTE:	Registered Ag		poration submits this statement for the tion's board of directors. I hereby action's to the tion's board of directors. I hereby action and the tion's statement for the tio	DATE	4	
SIGNATURE 12. THE	A CONTRACTOR OF THE PARTY OF TH	n) and little if applicable (NOTE:				DATE FICERS AND	4	S IN 12
12.	Signature types or printed harve of registered age OFFICERS ANI P BARDWELL, WILLIAM E.	n) and little if applicable (NOTE: D DIRECTORS	Registered Ag		red when reinstating)	DATE FICERS AND	DIRECTOR	S IN 12
12.	Segmenter types or printed name of registered age OFFICERS ANI P BARDWELL, WILLIAM E. 3139 HYDE PARK DR.	n) and little if applicable (NOTE: D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requi	red when reinstating)	DATE FICERS AND	DIRECTOR	S IN 12
12. PILE NAME STREET ADDRESS CITY-ST-ZIP	Segretare types or printed name of registered age OFFICERS ANI P BARDWELL, WILLIAM E. 3139 HYDE PARK DR. CLEARWATER FL	ini and the if applicable (NOTE: D DIRECTORS DELETE	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ent signature requi	red when reinstating)	DATE FICERS AND	DIRECTOR Change	S IN 12
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12. PILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature types of printed hard of registered age OFFICERS ANI P BARDWELL, WILLIAM E. 3139 HYDE PARK DR. CLEARWATER FL VP BREWER, RODNEY 5010 TWIN PINE DR PLANT CITY FL T	ini and the if applicable (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	T ADDRESS T ADDRESS	red when reinstating)	FICERS AND	DIRECTOR Change	S IN 12
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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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

movem 4/14/9

FILED

Apr 21 1997 8:00am

Secretary of State

Daytime Phone