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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K78996

(1)

WATHEN ACCOUNTING. INC.

Principal Place	o of Due page	Majuna Addraes			
Principal Place of Business Maining Address 11804 N. 56TH STREET TAMPA FL 33617 US Maining Address 11804 N. 56TH STREET TAMPA FL 33617-1652 US					
				 Date Incorporated or Qualified 04/03/1989 	3a. Date of Last Report 02/07/1996
2. Principal Pia	iace of Business	2a. Mailing Address 26		4. FEI Number 59-2942326	Applied For Not Applicable
Suite, Apt 1	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	2	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30		Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	jistered Agent
	HEN MARTIN A.		B1 Name		
	14 N. 56TH STREET		82 Street Add	Iress (P.O. Box Number is Not Acceptab	le)
IAME	PA FL 33617		83		
			94 04		Br Zin Codo
			84 City		FL 85 Zip Code
office or re	to the provisions of Sections 607.09 egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change was	authorized by the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE.	Signature, typical or printed name of registered a	attent well than it anologable. (NC	OTE Registered Agent signature requi	ired when rainslature)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DPST	☐ DELETE	11 TITLE		Change Addition
NAME	WATHEN, MARTIN A.		1.2 NAME		
STREET ADDRESS	12115 WILDBROOK DR.		1.3 STREET ADDRESS		
CITY - ST - ZIP	RIVERVIEW FL	I DELETE	1.4 CITY - ST - ZIP		T Channe T Addition
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME OTRALE LORDSON			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
CITY - ST - ZIP TITLE	, , , , , , , , , , , , , , , , , , ,	DELETE	3 1 TITLE		Change Addition
NAMÉ		_	3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			34. CITY-ST-ZIP		
TOLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZiP		Присте	4.4 CITY - ST - ZIP		D OLeans D Addition
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME.		— :	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-ST-ZIP			6.4 CITY-S1-ZIP		
14. I do heret informatio I am an of	on indicated on this annual report of flicer or director of the corporation in Block 12 or Block 13 if changed,	r supplemental annual report is or the receiver or trustee empo	alify for the exemption state true and accurate and that twered to execute this repo ddress.	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same lega ort as required by Chapter 607, Florida S	Il effect as if made under oath; that statutes; and that my name

FILED

Jan 27 1997 8:00am

Secretary of State