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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K85180**

(3)

FILED Feb 12 1997 8:00am Secretary of State

Principal Piac N MCCOY, BOI 1705 W CAYUG IAMPA FL 3361 JS	B AA ST	Malling Address 8425 N FLORIDA AVE 4705 W CAYUGA ST TAMPA FL 33614-6948 US			3. Date incorporated or Qualified 3a. Date of Last Report			
					05/01/1989	02/1	9/1996	
	lace of Business DOWNIE LANGSTON	2a. Mailing Address 26 4705 W. C	AYUGA ST	7-	4. FEI Number 59-2949991		→	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		<u>'</u>	5. Certificate of Status Desired	\$8.75 Additi		5 Additional
City & State		City & State		·	6. Election Campaign Financing	\$5.00 May Be		
3 TAMI		28 TAMPA, F	L 33614-6	948	Trust Fund Contribution			d to Fees
Zip 336	Country	Zip 29 33614-6948	Country		8. This corporation has liability for		tax unde] No	r s. 199.032,
4 336	9. Name and Address of Curre		[30]		Florida Statutes 10. Name and Address of New Re			
4705	gston, donnie 5 w Cayuga Street Pa Fl 33614		-	lame Street Addr	ess (P.O. Box Number is Not Acceptab	ole)	·	
			84 (City		FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the above-n	•	poration submits this statement for the pilon's board of directors. I hereby accer		changin	g its registered
11. Pursuant office or ragent. I a SIGNATURE	Signature, typied or printed name of registered ag	ont and little if applicable (NC	utes, the above-nauthorized by the lorida Statutes.	amed corp le corporati		Durpose of pt the app		
SIGNATURE 12. IITLE NAME STREET ADDRESS	Signature, typied or printed name of registered ag		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI	amed corporation of the corporat		Durpose of pt the app		ORS IN 12
SIGNATURE 12. TITLE NAM: STREET ADDRESS DITY-SI-7IP TITLE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND D MCCOY, BOB 8425 N FLORIDA AVE. TAMPA FL D STARR, MITCH 1540 S DALE MABRY	ont and the it applicable (NC ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY - ST - Z 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.3 STREET ADI	amed corpe e corporati	red when reinstating)	Durpose of pt the app	DIRECT	ORS IN 12 pe Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME	Signature, typed or printed name of rigi secret ag OFFICERS AN D MCCOY, BOB 8425 N FLORIDA AVE. TAMPA FL D STARR, MITCH	ont and the if applicable (NC ID DIRECTORS DELETE	113. 1.1 YITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY - ST - Z 2.1 TITLE 2.2 NAME	amed corpe e corporati	red when reinstating)	Durpose of pt the app	DIRECT Chang	ORS IN 12 pe
SIGNATURE 12. IITLE NAME STREEL ADDRESS DITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS STREEL ADDRESS	Signature, typed or proted came of rep secred as OFFICERS AN D MCCOY, BOB 8425 N FLORIDA AVE. TAMPA FL D STARR, MITCH 1540 S DALE MABRY TAMPA FL D LANGSTON, DONNIE 4705 W CAYUGA STREET	ORLETE	113. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 DITY-ST-Z 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 DITY-ST-Z 3.1 TITLE 3.2 NAME 3.3 STREET ADI 3.4. DITY-ST-Z 4.1 TITLE 4.2 NAME 4.3 STREET ADI	amed corpe e corporati	red when reinstating)	DATE DEAS AND	DIRECT Chang	ORS IN 12 pe Addition pe Addition
SIGNATURE 12. 11/14 NAME STREET ADDRESS DITY-ST-7/P TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or proted came of rep secred as OFFICERS AN D MCCOY, BOB 8425 N FLORIDA AVE. TAMPA FL D STARR, MITCH 1540 S DALE MABRY TAMPA FL D LANGSTON, DONNIE 4705 W CAYUGA STREET	ORLETE DELETE DELETE DELETE	113. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY-ST-Z 3.1 TITLE 3.2 NAME 3.3 STREET ADI 3.4. CITY-ST-J 4.1 TITLE 4.2 NAME	amed corporation of the corporat	red when reinstating)	DATE DEAS AND	DIRECT Chang	ORS IN 12 pe Addition pe Addition pe Addition

4. I do hereby certily that the information supplied with this filing does not quality 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 is changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97

813-872-0555

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