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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K86611

(6)

Principal Place of Business

ELLIS & ESINHART, P.A.		

Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



5711 E FOWLEI TEMPLE TERRA US		5711 E FOWLER AVENUE TEMPLE TERRACE FL 330 US	: 617-2398				
					 Date Incorporated or Qualified 05/09/1989 	3a. Date of Last Report 04/25/1996	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2946566	Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip Country 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No		
	9. Name and Address of Currer	nt Registered Agent		1 Name	10. Name and Address of New Reg	ilstered Agent	
	NT, RICHARD		8	1 Name			
	S. ARMENIA AVE. PA FL 33609		8		dress (P.O. Box Number is Not Acceptable	e)	
			[8	3			
				4 City		FL 85 Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505. F	utes, the abo authorized (lorida Statut	ve-named co by the corpor es.	rporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing its registered the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	est and alle it applicable. (NC	OTE: Registered A	gen; signature reg	uired when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	DPS	DELETE	11 THILE			Change Addition	
NAME	ELUS, AMY L		1.2 NAM	£			
STREET ADDRESS	5711 E FOWLER AVENUE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	TEMPLE TERRACE FL		1.4 CITY	- ST - ZIP			
TITLE	DVP	☐ DELETE	2.1 TITLE			Change Addition	
NAME			2.2 NAMI	Ε			
STREET ADDRESS	5711 E FOWLER AVENUE		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	TEMPLE TERRACE FL		2. 4 CI1Y				
TITLE .		DELETE	3.1 TITLE			Change L. Addition	
NAME			3.2 NAMI	E			
STREET ADDRESS			3 3 STRE	ET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY				
TITLE		☐ DELETE	4.1 TITLE	ì		Change Addition	
NAME			4, 2 NAM	ļ			
STREET ADORESS			1	ET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY 5.1 TITLE			Change Addition	
		L_ Detti.				Charige Xudition	
NAME STREET ADDRESS			5.2 NAM6				
				FT ADDRESS			
CITY-ST-ZIP TITLE		DELFTE	5.4 CITY 6.1 TITLE			Change Addition	
NAME		Lan Secret	62 NAM	1			
STREET ADDRESS			1	ET ADDRESS			
: CITY-ST-ZIP							
	ov certify that the information supplie	d with this filing does not qua	6.4 CITY lify for the ex		ed in Section 119.07(3)(i), Florida Statutes	: I further certify that the	

I am an officer or director of the corporation or fins annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that an 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.

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