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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 07 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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Principal Plac	e of Business	Mailing Address			a familiatus des inent várit secut vadas de	E BYDIN DIÐU EFRU	9(8)) 8) <b>(</b> )) 4	ITORF LOWF	
C/O TASO M. MILONAS 1819 MAIN ST STE 1100 1819 MAIN ST STE 1100 1819 MAIN ST STE 1100 SARASOTA FL 34236 US US US									
					<ol> <li>Date Incorporated or Qualified 06/28/1989</li> </ol>		3a. Date of Last Report 02/21/1996		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number			plied For	
21		26			59-2996923	<del></del> -		t Applicable	
Suite, Apl. 22		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
City & Stat	e	City & State			6. Election Campaign Financing	L1	\$5.00		
23 Zip	Country	28 Zip	Count	D/	Trust Fund Contribution	<u> </u>	Added t		
24	25	29	30	· y	This corporation has liability for Florida Statutes	r intangible ta:		199.032,	
24	g. Name and Address of Curren		1301		10. Name and Address of New F				
Wit	JAMS, MRS PATRICIA F		8	1 Name		<del></del>			
	E TWIGGS ST		8	2 Chant A	ddress (P.O. Box Number is Not Accept	nbla)			
	E. KENNEDY BLVD.		°	2 Street A	doress (P.O. Box Number is Not Accept	(DIO)		9	
	PA FL 33602		8	3					
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	777 6 0000		) <u>.</u>	4 City			<b>85</b> Zip (	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607, 1508, Florida Statu	tes, the abo	ve-named o	corporation submits this statement for the oration's board of directors. I hereby acc	purpose of ch	nanging it	s registered	
onice or agent La	registered agent, or both, in the State am familiar with, and accept the obliga	ntions of, Section 607.0505, FI	orida Statut	es.	pration's board of directors. Thereby acc	ahi ine appoir	intionii as	registered	
SIGNATURE									
	Signature, typical or printed retrie of registerior age			gent signature re	equired when reinstating)	DATE	IDECTOR	C IN 140	
TITLE	OFFICERS AND	DELETE	13. 1.1 TITU	: "	ADDITIONS/CHANGES TO OFF		Change	Addition	
NAME	WILLIAMS, PATRICIA F.	□ octen	1.7 NAM	ļ			1 Change	١١٥٥١١١٥١١ لبييا	
STREET ADORESS	1237 EAST TWIGGS ST.			ET ADDRESS					
CITY - ST - ZIP	TAMPA FL			-ST-ZIP				Í	
TITLE	DVP	DELETE	21 THTL				Change	Addition	
NAME	KETCHEY, BRENDA W.		2.2 NAM	- I			-		
STREET ADDRESS	1237 EAST TWIGGS ST.		2.3 STRI	ET ADDRESS					
CITY - ST - ZIP	TAMPA FL			'-ST-ZiP					
TITLE	DST	☐ DELETE	3.1 TITU			_	Change	Addition	
NAME	JONES, CATHY W.		3.2 NAM	E	Madden, Cathy W.				
STREET ADDRESS	ss   1237 EAST TWIGGS ST.		3.3 STR	ET ADDRESS					
CITY - ST - ZiP	TAMPA FL			'-\$T-ZIP		, <u></u>	<del></del>	- <del> </del>	
TITLE	AT	☐ DELETE	4.1 TITLI	Į.		L	Change	Addition	
NAME	SANDERS, DARLENE		4. 2 NAM	1					
STREET ADDRESS	1237 EAST TWIGGS STREET			ET ADDRESS				İ	
CITY - ST - ZIP	TAMPA FL	☐ DELETE		-ST-ZIP			Change	Addition	
TITLE		☐ DECEIE	5.1 TITL	ľ		L,	ો ∩ાજાતિક	☐ Vacation	
NAME			5.2 NAV						
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STREET ADDRESS			1	į.					
CITY - ST - ZIP	I		■ 04 UIII	-ST-ZIP	······································				

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 charged, or on an attachment with an address. am 5 1-27-97 (813)25

SIGNATURE:

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Secretary of State
DIVISION OF CORPORATIONS

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DOCUI	MENT # K98475	(2)						
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		44						
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	C/O TASO M. MILONAS C/O TASO M. MILONAS 1819 MAIN ST., STE 1100 1819 MAIN ST., STE 1100							
SARASOTA FL	SARASOTA FL 34236 SARASOTA FL 34236-5926							
US		US			<ol> <li>Date Incorporated or Qualified 06/28/1989</li> </ol>	3a. Date of Last 02/21/1996	Report	
	flace of Business	2a. Mailing Address			4, FEI Number		Applied For	
21 Sente And			Suite: Apt #, etc		59-2996923		Not Applicable	
22	*, etc	Suite. Apt #, etc		5. Certificate of Status Desired	1 1 7	Additional Required		
City & Stat	e	City & State			6. Election Campaign Financing	·	0 May Be	
23		28		<del>.</del>	Trust Fund Contribution		l to Fees	
Zip	Country	Zφ	Cour	try	This corporation has liability for		s. 199.032,	
24	25 9. Name and Address of Curren	29 Agent	30		Florida Statutes  10. Name and Address of New R	Yes No	···	
1441		it uofisiaian Wāsur		81 Name	IV. Helite and Address of New H	ofiereten Wilaut		
	.IAMS, MRS PATRICIA F ' E TWIGGS ST		_					
	E. KENNEDY BLVD.		'	Street	Address (P.O. Box Number is Not Accepta	(ble)		
	PA FL 33602		ļ	B3	······································			
			\- -	B4 City		las I 7.	o Code	
						FL		
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508 Florida Stat	utes, the ab	ove-named	corporation submits this statement for the poration's board of directors. I hereby acceptable to the control of the corporation	purpose of changing	its registered	
agent la	am familiar with, and accept the obliga	ations of, Section 607 0505, I	Florida Statu	tes.	polation's board of directors. Thereby acce	spi ine appointment a	is registered	
SIGNATURE								
12.	Signature hydrocomposition in others believe a specific and others believe a specific and others believe a specific and others are a specific and others.		OTE Registered	Agent signature	e required when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE	IRS IN 12	
TIPLE	DP	DELETE	1.1 1111		Application of the state of the	Change		
NAME	WILLIAMS, PATRICIA F.	•	1.2 NA	ΛE		-		
STREET ADDRESS	1237 EAST TWIGGS ST.		1.3 STF	LET ADDRESS				
CITY ST-ZIP	TAMPA FL		1 4 CIT	Y - ST - ZIP				
TITLE	DVP	DELETE	2 1 7(7)	.E		☐ Change	Addition	
NAME	KETCHEY, BRENDA W.		2.2 NAI					
STREET ADDRESS	1237 EAST TWIGGS ST.		5.00	EET ADDRESS				
Offy S1-ZiP	TAMPA FL DST	DELETE	2 4 CIT	Y - ST - 21P		Change	Addition	
NAME	JONES, CATHY W.	belieft	3 2 NAS		Madden, Cathy W.	- BALE CHANGE	. Las raumati	
STREET ADOPESS				EET ADDRESS				
(315 - 51 - 749	TAMPA FL		1	Y - ST - ZIP				
1 111	AT	DELETE	4.1 101	E		Change	Addition	
NAME	SANDERS, DARLENE		4. 2 NA	ME				
STREET ADORESS	1237 EAST TWIGGS STREET		4 3 STF	EET ADDRESS				
CITY-ST-ZIF	TAMPA FL	T a.e. per		Y-ST-ZIP		——————————————————————————————————————		
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STREET ADDRESS				EE1 ADDRESS				
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4.0	<del> </del>		0 7 017		·			

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SIGNATURE:

NATURE AND TYPED OF MINIED RAME OF SIGNING OFFICER OR DIRECTOR \$ 1-27-97 (813) 253-8828

CH2EU34 (9/96)