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PROFIT CORPORATION ANNUAL REPORT

1997



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FLORIDA DEPARTMENT OF STATE

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Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L34960

(9)

RUMMEL/ FOURTH STREET PROPERTIES, INC.

	e of Business	Mari	ing Address			I (0.01%0/A 0.00 1) 0.70(0.40) 0.404 0.00 0		*** **** ****	
5401 CENTRAL AVE. P. O. BOX 13088 ST. PETERSBURG FL 33733		5401 P. O.	5401 CENTRAL AVE. P. O. BOX 13088 ST. PETERSBURG FL 33733-3088						
oi. FEIENSOUR	no re sorso	3 1. F	ETERODORO TE OVI			3. Date Incorporated or Qualified 12/07/1989		te of Last F 5/1996	Report
2. Principal Place of Business		}n	2a. Mailing Address						pplied For
Suite, Apt	#, etc	26	Suite, Apt. #, etc.						ot Applicable Additional
2		27				5. Certificate of Status Desired			equired
City & State	e	} <u>,</u>	City & State			6. Election Campaign Financing	 -		May Be
3] Zip	Country	28	Zip	Cour	ntru	Trust Fund Contribution	<u>Ц</u>		to Fees
4	25	29	- 47	30	i ili y	8. This corporation has liability for in Florida Statutes		tax under s ∃ No	s. 199.032 ₁
71	9. Name and Address of Cu		red Agent	1901		10. Name and Address of New Reg		•	
RUM	MEL, H.E.				81 Name				
5401	CENTRAL AVE.			•	82 Street Add	Idress (P.O. Box Number is Not Acceptable	e)		
ST. PETERSBURG FL 33710							See (1.15. Dox Harnott to Het recognition)		
					83				
				Ī	84 City		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607	0502 and 603	7 1508 Florida Stati	ites the ah	nove-named co	venoration submits this statement for the n		changing i	te registered
office or n	egistered agent, or both, in the S	tate of Florida	Such change was	authorized	by the corpor	orporation submits this statement for the preation's board of directors. I hereby accep	t the appo	ointment as	registered
	страниал мил, выс ассерстве о	bligations of,	Section 607.0005, F	ioriua stati	uigo.				
SIGNATURE									
J-QINATURE	Stgriature, type diox printed name of registere	d agert and title if	applicable. (NC	TE Registered	Agent signature req	quired when reinstating)	DATE		
	OFFICERS	diagent and title if AND DIRECT	ORS	TE Registered	Agent signature req	outred when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND		
12.	OFFICERS	**** **** **********		13. 1.1 TiT	LE		ERS AND	DIRECTOI Change	RS IN 12
12. 11 ⁴ LE NAME	OFFICERS TD MICHOLS, KATE	**** **** **********	ORS	13. 1.1 TiT 1.2 NA	'LE ME		ERS AND		
12. Tiple Name Street address	OFFICERS TD MICHOLS, KATE 1682 OCEANVIEW DR	**** **** **********	ORS	13. 1.1 TH 1.2 NA 1.3 ST	LE ME REET ADORESS		ERS AND		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS TD MICHOLS, KATE 1682 OCEANNEW DR TIERRA VERDE FL	**** **** **********	ORS DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CH	LE ME REET ADORESS IY-ST-ZIP		ERS AND	Change	☐ Addition
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