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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L35180

(3)

ROBERT A. DEMPSTER REPORTING COMPANY

			•					
Principal Place	of Business	Mailing Address			[10010810 1000 \$1600 Hitch 11081 10110 001	. 618 /1 8 88/1 1	#1011 0/8 01011 	DEBET TOET
501 S. FT. HARRISON 214 CLEARWATER FL 34616 US		SOI S. FT. HARRISON 214 CLEARWATER FL 34618-5312 US						
					 Date Incorporated or Qualified 12/04/1989 	ified 3a. Date of Last Report 04/09/1996		
2. Principal Pi	ace of Business	2a. Mailing Address	1/2/201-10		4. FEI Number			plied For
1 50 Sulte, Apt. 1	S. FT. HARRISON		HAKRISON	 	59-2985005			t Applicable
2 Sout City & State	1 Outside Entrance	Suite, Apt #, etc. 27 South Outs City & State	de Entram	ce	5. Certificate of Status Desired		\$8.75 A	quired
	runter, +1.34616	28 C PARWATER	P, 1=1. 346	16	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	o Fees
1 340	(e/6 25 Pine////S	29 3 V6/6 3	- 10 in//100	<u></u>	This corporation has liability for Florida Statutes Name and Address of New Re	Yes	X No	199.032,
ROBERT A. DEMPSTER 81 Name					O. Name and Address of New Ne	gistered	Agent	
501 S. FT. HARRISON, SUITE 214 CLEARWATER FL 34616			82 Street A	Address	(P.O. Box Number is Not Acceptal	ole)		
V			83					
			84 City			FL	85 Zip C	Code
44 Durement t	o the provisions of Sections 607.0502	and 607 1608 Florida Statutas	the above camed	COMPORT	tion submits this statement for the		of changing it	e registered
office or re	egistered agent, or both, in the State of maniliar with, and accept the obligation	Florida Such change was aut	horized by the corp	oration	's board of directors. I hereby acce	pt the app	pointment as	registered
SIGNATURE .	Signature, typed or printed name of registered agents	cost tile if a tulicately (NOTE)	logisturod Agent signature	required w	den reinstature)	DA1£		
12.	OFFICERS AND		13.	TOQUI-EG V	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE				X Change	Addition
NAME	DEMPSTER, ROBERT A		1.2 NAME			مادي	مداه ک	E'atolista
STREET ADDRESS	315 COURT ST ROOM 3		1.3 STREET ADDRESS	501	S. FT. HARRISON S	,0U(N	ONTSIDE	CTNRHICE.
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY - ST - ZIP	Clei	ARWATER, Fl. 346	16		
TITLE		DELETE.	21 10 LE		,		Change	Addition
NAME			2 2 NAME					
STREET ADDRESS			. 23 STREET ADDRESS					
CITY-ST-ZIP		·····	2 4 C/TY - ST - 7/P					
TITLE		L] DELETE	31 TITLE				Change	L_I Addition
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP		Deter	3.4. CITY - ST - ZIP					
TITLE		☐ DELETE	4.1 TALE				Change	L_J Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP	***	DELETE	4.4 CITY - \$1 - ZiP				Change	Addition
TITLE		L] DELETE	5.1 TITLE				L_ Change	[] مانانانا
NAME STREET ADDRESS			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	54 CITY-ST-ZIP 6.1 TITLE				Change	Addition
NAME		FT pertit	6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY - ST - ZIP					
14. I do hereb	by certify that the information supplied		for the exemption st					
Informatio	n indicated on this annual report or sup fficer or director of the corporation or the n Block 12 or plack 13 if changed, or c	oplemental annual report is tru se receiver or trustee empower	e and accurate and ed to execute this r	i that my	y signature shall have the same leg	al effect a	is if made und	der oath; that