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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE

DOCUMENT # L36702

(3)

COUNTRYMAN & ASSOCIATES, P.A., CPA

Principal Place of Business Mailing Address						A THEKININ OND THIN BURK ORING TOOL BEING TOOL TICK WITH CLAY INDIVIOUS
16011 NEBRASKA AVE. M. SUITE 107 LUTZ FL 33549		16011 MEBRASKA A SUITE 107 LUTZ FL 33549	16011 MEBRASKA AVE N. SUITE 107			
US		US	US			3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number Applied For
21		26	······································			59-2981184 Not Applicable
Suite, Apl. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.			6. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip Country		intry		8. This corporation has liability for intengible tax under s. 199.032,
24	25	29	30	30		Florida Statutes Yes No
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Agent
	NTRYMAN, JOHN A			81	Name	
16011 NEBRASKA AVE. M. SUITE 107			82 Stre		Street Addre	ess (P.O. Box Number is Not Acceptable)
LUTZ FL 33549				83		
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Salte of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and facept the obligations of, Section 607.0506, Florida Statutes.						
SIGNATURE Stigned and type of composition of registered agent and title if applicable. (NOTE Registered Agent bignature required when reinstating) DATE						
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	□ 8 €	1.1 T	TLE		Change Addition
NAME COUNTRYMAN, JOHN A			1,21			
STREET ADDRESS 16011 NEBRASKA AVE. N. SUI		SUITE 107	1.3\$	TREET /	ADORESS	
CHY- S1-7-P	LUTZ FL 33549			ITY-ST	T-ZIP	
THTLE	OCUMETOVIAM IOUM A	☐ DEL		1		L. Change L. Addition
NAME.	COUNTRYMAN, JOHN A	CHITE 107	1	22 NAME		
STREET ADORESS 16011 NEBRASKA AVE. N. SUN 0-17- St- ZIP LUTZ FL 33549		SOITE IU/		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		
CHY+ST-ZIP TITLE	LU12 FC 33349	□ DFI	DELETE 3.1 T/I		1-ZIP	☐ Change ☐ Addition
NAME .		L	3.2 N		Ì	· ·
STREET ADDRESS					ADDRESS	
CITY - S1 - ZIP				CITY-S	1	
Title		☐ DEL				Change Addition
NAME			4.21	NAME		
STREET ADDRESS			4.3 \$	TREET	ADORESS	
CITY-S1-7#		<u></u>		ITY-ST	T-ZIP	
TITLE		☐ DEt				Change Addition
NAME			5.2 N			
STEEFT ADDRESS					ADDRESS	
CHY-ST-ZIP		DEL		ITY-ST	T- ZIP	Change Addition
Title		L.J DEL				Li Change Li Addition
NAMÉ emera addesses			6.2 N		ADDRESS	
STREET ADDRESS				-	ADDRESS	
14. Edo herel	by cert by that the information suc	oplied with this filing does no		exer		in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio Lam an o	in indicated on this annual report	or supplemental annual re on or the receiver or trustee	oort is true and empowered to	accui	rate and that I	my signature shall have the same legal effect as if made under oath; that as required by Chapter 607, Florida Statutes; and that my name