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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



PLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L37380

JONATHAN M. VRABEC M.B.A., C.P.A., P.A.

Mailing Address

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% JONATHAN M VRABEC 8779 MIDNIGHT PASS RD 8ARASOTA FL 34242 8ARASOTA FL 34242 8ARASOTA FL 34242-2811											
							3.	Date Incorporated or Qualified 12/15/1989		te of L 17/19	ast Report 96
2. Principal Place of Business 2a. Mailing Address 26				4.	FEI Number 65-0159439			Applied For Not Applicable			
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				6.	Certificate of Status Desired			75 Additional se Required		
23			City & State				6.	Election Campaign Financing Trust Fund Contribution			.00 May Bo
24		Country 25	Zip 29	30 Cot	intry	,	8.	This corporation has fiability for Florida Statutes	intangible Yes		der s. 199.032,
	9, Name	and Address of Current	Registered Agent				10.	Name and Address of New Re	gistered #	gent	
VRABEC, JONATHAN M 8779 MIDNIGHT PASS RD			81 82	Name Street Addres	s (F	P.O. Box Number is Not Acceptab	ole)				
SUITE 102-H				- (.		,					
	SARASOTA FL	34242			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 State 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Stgriuture, typied or printed name of registered agent and title if applica	able. (NOTE:	Registered Agent signature requ	uired when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VRABEC, JONATHAN M.		1.2 NAME	· · · · ·
STREET ADDRESS	8779 MIDNIGHT PASS RD.		1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP.	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
ĭÌ¥E		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	600002288966 5 -09/10/9701940014
STREET ADDRESS			4.3 STREET ADDRESS	-09/10/9701040014
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	•-
CITY-ST-ZIP			5.4 CITY-ST-ZIP	$\sim \lambda$
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	/ H
STREET ADDRESS	•		6.3 STREET ADDRESS	$(\mathcal{A}^{n})$
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this fiting does not qualify for the exemption started in Section information indicated on this annual report or supplemental annual report is true and accurate and that my signature is am an officer or director of the corporation or the receiver or trustee empowered to execute this report is appears in Block 12 or Block 13 if changed, or on an attachment with an address. Florida Statutes. I further certify that the the same legal effect as it made under oath, that the statutes and that my name

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RE FEX# 65-0159439

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