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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

	1557				
	MENT # L38530 Ds by terry, Inc.	(6)) 1681118 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881	high alfir alan alah khah alah labi
Principal Plac	o of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		
·		4905 34TH ST SO		1	
4905 34TH ST : #176	3 0	#176			
ST PETERSBUR	IG FL 33711	ST PETERSBURG FL 3371	1-4511		
US		U\$		3. Date Incorporated or Qualified 01/01/1990	3a. Date of Last Report 07/23/1996
2. Principal F	lace of Buspess	2a. Mailing Address	^ ./	4. FEI Number	Applied For
3868	SE DINE HWY	26 3868. SE	TIXIE HUYA	59-2985797	Not Applicable
Suite/Apt	#, etc.	Suite, Apt. #, etc.	0	5. Certificate of Status Desired	\$8.75 Additional
Carl Stat		City & State			Fee Required
City & State	- R_	28 STUAKT.	h_	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
710	Country	Zip	Country	8. This corporation has liability for	
4 249;	25 MANTA	29 34997	30 Phansis] Yes 🔲 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
	DERICK RIEGER		81 Name		
4275 34TH ST., SOUTH, SUITE 176			82 Street Add	lress (P.O. Box Number is Not Acceptab	ole)
ST P	PETERSBURG FL 33711		83		
			63		
			84 City		FL 85 Zip Code
SIGNATURE	Signature typed or printed name of registered eger	nt end tirc if applicable (NO	TE: Registered Agent signature requ		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
1016	VSD EDEDEDICK A	DELETE	1.1 TITLE VS		Change Addition
NAME CONTAINDRING	RIEGER, FREDERICK O. 4275 34TH ST., SOUTH, #176			each theorem o.	
STREET ADDRESS City-St-Zip	ST. PETERSBURG FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	SCB. 25 DAYE HOY	7
TITLE	PTD	DELETE	2.1 TITLE	10 _	Change Addition
NAM(RIEGER, LINDA M.		2.2 NAME	16 GOR VILLENIA	1 /2, -
STREET ADDRESS	4275 34TH ST., SOUTH, #178		2.3 STREET ADDRESS 3	164.5E OMEHOU	
CITY - \$1 - 7/P	ST. PETERSBURG FL		2 4 CITY-ST-ZIP	Brusar Fi By997	
TITLE		☐ DELETE	31 TITLE	·	Change Addition
NAME.			3.2 NAME		
STHEET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP		Charige Addition
NAME			4 2 NAME		the straings that routing
STREET ADDRESS			4.3 STREET ADORESS		
CHY-\$1-ZIP			4.4 CITY-ST-ZIP		
TUTLE		☐ DELETE	5.1 TALE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CHTY-ST-ZIP		
TIFLE		DELETE	6.1 TITLE		Change Addition
NAME	Į.		6.2 NAME	•	
CTOTO L ADMOS CA			SOUGHT ADDRESS		

14. If 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 inclicated on this arm of the port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I arm an officer or director of the program 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 12 or Block 13 or Block 14 the program attachment with an address.

SIGNATURE:

TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-181-1133

FILED

May 02 1997 8:00am

Secretary of State

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