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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	IMENT # L5323							
Principal Pla	ce of Business	Mailing Address		······································		JIDIY OXON TIBIH I	ANTAN DININ T	/10/1 1 73 /1
%ALAN J. KUSSY 10681 75TH ST NORTH LARGO FL 34647		Malan J. Kussy 10681 75th St North Largo Fl 33777-1421						
	• '				3. Date Incorporated or Qualified 02/23/1990	3a. Date 6		eport .
2. Principal 21	Place of Business	2a. Mailing Address 26			4. FEI Number 59-3004306			plied For t Applicable
Suite Apt	t. #, etc	Suite, Apt #, etc.		·	5. Certificate of Status Desired		8.75 A Fee Re	Additional equired
City & Sta	ate	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Zipi 29	Coun	try	8. This corporation has liability for Florida Statutes	intangible tax		199.032,
	9. Name and Address of Cur				10. Name and Address of New Re	glatered Age	int	
KUS	SSY, ALAN J.		Į.	Name				
10681 75TH ST NORTH				Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
LAR	IGO FL 34647		Ļ	13				
			*	23	•			
			· [6	City		FL	35 Zip (Code
office or agent 1 SIGNATURE					ation's board of directors. I hereby accel	pt the appoint	ment as	registered
12.	OFFICERS	AND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 12
TIDLE	P	☐ DELETE	1.1 TITL	E			Change	Addition
NAME	KUSSY, ALAN J		1.2 NAM	lE		1		
STREET ADDRESS			1.3 STAI	EET ADDRESS				
C(1Y+S1+7)P	SEMINOLE FL	- I select		-ST-ZIP			-	7 1 . 756
TITLE	VP VILLED V A	☐ DELETE	2.1 7171	1			Change	Addition
NAME 01000 1 Application	KUSSY, KIMBERLY A 7566 N 124TH ST		22 NAM	1				
STREET ADDRESS	SEMINOLE FL		1	EET ADDRESS				
C(TY-ST-Z)F TITLE	OFWINGE 15	DELETE	3.1 TITL	Y · ST - ZiP			Change	Addition
NAME			3 2 NAM					Las i idolinari
STREET ADDRESS	3			EET ADDRESS				
CiTY - S1 - ZiP				Y-ST-ZIP				
TITLE		DELETE	4.1 TITE				Change	Addition
NAMI			4. 2 NAI	VE				
STREET ADDRESS	3		4.3 STA	EET ADDRESS				
CITY ST-ZIP			4.4 CITY	(-ST-ZiP			y	
TITLE		☐ DELETE	5.1 TITL	E			Change	Addition
NAME			5.2 NAN	1E				
STREET ADDRESS	3 (5.3 STA	EET ADDRESS				
CITY - S1 - ZIP				(-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL	1		L	Change	Addition
NAME			62 NAN					
STREET ADDRESS	3.1		# 63 STB	PET ANDRESS				

14. I 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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Prione F

FILED

May 08 1997 8:00am

Secretary of State