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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| ANNUAL REPORT 1997  |   | Secretary of State DIVISION OF CORPORATIONS                       |                            | Secretary of State   |   |
|---|---|---|----------------------------|--|---|
| 1. Corporation  |   | (3)   |                            |  |   |
| FLORID/   | A WEST GROUP, INC.                                  |   |                            | 1  |   |
| Principal Place of Business<br>2102 W. BRANDON BLVD.<br>BRANDON FL 33511  |   | Mailing Address<br>2102 W. BRANDON BLVD.<br>BRANDON FL 33511-4704 |                            |  |   |
|   |   |   |                            | 3. Date Incorporated or Qualified 03/28/1990   | 3a. Date of Last Report<br>05/01/1996         |
| 2. Principal Pi   | lace of Business                                    | 2a. Mailing Address<br>26   |                            | 4. FEI Number<br>59-3006100  | Applied For Not Applicable                    |
| Suite, Apt.   | <b>—</b> .  | Suite, Apt. #, etc.   |                            | 5. Certificate of Status Desired   | \$8.75 Additional Fee Regulred                |
| City & State  |   | City & State  |                            | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be Added to Fees                   |
| Zip <b>24</b>   | Country<br>25 USA                                   | Zip   | Country<br>30              | 8. This corporation has liability for Florida Statutes   | intangible tax under s. 199.032,<br>Yes // No |
|   | 9. Name and Address of Curren                       |   |                            | 10. Name and Address of New Re   | gistered Agent                                |
| KRC   | )LL, KENNETH A                                      |   | 81 Name                    |  |   |
| (2101)W BRANDON BLVD<br>BRANDON FL 33511  |   |   | 82 Street /                | Address (P.O. Box Number is Not Acceptable Lucional Supplies Company C | ole)  |
| •   |   |   | 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. |   |   |                            |  |   |
| ageni. ) ai<br>SIGNATURE  | m familiar with, and accept the obliga              | ations of, Section 607,0505, Flo                                  | nda Statutes.              |  |   |
|   | Signature, typerd or printed name of registered ago | ······  | Registered Agent signature |  | DATE  |
| 12.   | OFFICERS AND  | D DIRECTORS  DELETE   | 13.                        | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIRECTORS IN 12    Change             |
| NAME  | CATHY, KAOLL  | L_J OLCCIL  | 1.1 TILLE<br>1.2 NAME      |  | 77 " ""                                       |
| STREET ADDRESS  | 1511 S(ABY) VILLA PL                                |   | 1.3 STREET ADORESS         | 1511 S. BOW WILL   |   |
| CITY-ST-ZIP   | TAMPA FL  |   | 1.4 City-St-ZiP            | 1511 S. BAY VILLA 331  | <b>-</b> LS                                   |
| TITLE   | PD  | ☐ DELETE  | 2.1 TITLE                  |  | K.I. Channe I. I. Addition I                  |
| NAME  | KROLL, KENNETH A                                    |   | 2.2 NAME                   | ماداد م  |   |
| SIFEET ADORESS  | 1511 S(ABY) VILLA PL                                |   | 2.3 STREET ADDRESS         | I SILL & BAY OWAY  |   |
| CITY-ST-ZIP   | TAMAP FL  |   | 2 4 CITY-ST-ZIP            | ISII S BAY VILLA   | 3629  |
| 7111.6  |   | ☐ DELETE  | 3.1 TITLE                  |  | ☐ Change ☐ Addition                           |
| NAME  |   |   | 3.2 NAME                   |  | Į   |
| STREET ADDRESS  |   |   | 3.3 STREET ADORESS         |  |   |
| CHTY - ST - 7IP   |   | DELETE  | 34. City-St-ZiP            |  | Change Addition                               |
| NAME  |   |   | 4. 2 NAME                  |  |   |
| STREET ADDRESS  |   |   | 4.3 STREET ADDRESS         |  |   |
| CHY-ST-ZIP  |   |   | 4.4 CITY-ST-ZIP            |  |   |
| TITLE   |   | ☐ DETELE  | 5.1 TITLE                  |  | ☐ Change ☐ Addition                           |
| NAME  |   |   | 5.2 NAME                   |  |   |
| STREET ADDRESS  |   |   | 5.3 STREET ADDRESS         |  |   |
| CITY - \$1 - 712  |   | TT 55.545   | 5.4 CITY-ST-ZIP            |  | 100   |
| TITLE   |   | DELETE  | 61 TITLE                   |  | Change Addition                               |
| NAME  |   |   | 6.2 NAME                   |  |   |
| STREET ADDRESS  |   |   | 6.3 STREET ADDRESS         |  | Į.  |

14. To hereby certify that the information supplied with this filling 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if planged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 223 7827

**FILED** 

Apr 25 1997 8:00am

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