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

**PROFIT CORPORATION** ANNUAL REPORT



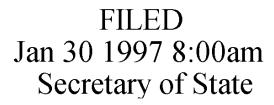
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L69022

(6)



Principal Place 6289 150TH AV CLEARWATER	/E. NORTH	Mailing Address 6289 150TH AVE. N GLEARWATER FL 34					
					<ol> <li>Date Incorporated or Qualified 04/30/1990</li> </ol>	3a. Date of Last R 05/01/1996	leport
2. Principal P	lace of Business	2a, Mailing Address	s		4. FEI Number		oplied For
21 26					NOT APPLICABLE	Not Applicable	
Suite. Apt.	#, etc.	Suite, Apt. #, et	C.		5. Certificate of Status Desired		Additional equired
City & State	e	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	ry	8. This corporation has liability for		199.032,
24	25	29]	30			Yes No	
	g, Name and Address of Curre	ent Hegistered Agent		1 Name	10. Name and Address of New F	legistered Agent	
	OTE, GILLES J.			T TAGUT IC			
6289 150TH AVENUE NORTH CLEARWATER FL 34620				2 Street Add	Address (P.O. Box Number is Not Acceptable)		
· CLE	MATTAIEN FL 34020		l e	3		<del></del>	
•			_				
			1	4 City		FL 85 Zip	Code
agent La	egistered agent, or both, in the starm familiar with, and accept the oblination of the control o				poration submits this statement for the tition's board of directors. I hereby acc aired when reinstating)	DATE DATE	registered
12.		ND DIRECTORS	13,		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELE	TE 1.5 TETL			Change	Addition
NAME	PILOTE, GILLES J.		1.2 NAM	E			
STREET ADDRESS	6289 150TH AVENUE NORTH	1	1.3 STR	ET ADDRESS			
CITY-ST-ZIF	CLEARWATER, FL 34620	DELE		- ST - ZIP		[ Channel	I delition
TIFLE		C DELE				☐ Change	Addition
NAME CIDECT ADDRESS			22 NAM	EET ADDRESS			
STREET ADDRESS CITY-SI-ZIP				(-ST-ZIP			
1/1/E		☐ DELE		<del></del>		Change	Addition
NAME		_	3.2 NAM	<b>)</b>			-
STREET ADDRESS			3.3 STRI	ET ADDRESS			
CITY-ST-ZIP				7-\$1-ZIP			
TITLE		DELE	TE 4.1 TITL			Change	Addition
NAME			4. 2 NA	AE			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		☐ DEFE				Change	L Addition
NAME			5.2 NAN	J	5000020° -01/31/97010	74455	
STREET ADDRESS				ET ADORESS	-01/31/97010	)09017	
CITY - ST - ZIP		☐ DELE		-ST-7IP	***165 <b>.</b> 00	Change	Addition
TITLE		ווי אנוני		- {		L. Clarge	
NAME CTREET ADDRESS			6.2 NAM	EET ADORESS		بالميرم	ノ
STREET ADDRESS						ハス	
CITY-ST-ZIP	h. cortify that the information great	find with this films does on		-ST-ZIP	d in Section 110 07/3Vi) Florida Statu	tee I further certify that	tho

quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 1 strue and accurate and that my signature shall have the same legal effect as if made under oath; that powered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual report or supplemental annual report

01/20/97

8/3 -5**3**6 -2007