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 # M64711

LARGO S	MENT # M6471" SCIENTIFIC, INC.				
Principal Place of Business 3104 ROBERTA ST. LARGO FL 34641 US Mailing Address 3104 ROBERTA ST. LARGO FL 33771-1322 US					
				3. Date Incorporated or Qualified 01/14/1988	3a. Date of Last Report 06/24/1996
	lace of Business Ulmerton ST.	2a. Mailing Address		4. FEI Number 59-2874761	Applied For
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Suc		27			Fee Required
City & State	/	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24 3377	9. Name and Address of Currel	29 29 Agent	30	Florida Statutes 10. Name and Address of New Re	Yes No
SPEA	ARS, EVELYN A.	n riogistorou rigori	81 Name	IA' tauna nua hananan at san ma	June 17 de 18 de 1
3104	ROBERTA ST. 30 FL 34841		82 Street Add	ress (P.O. Box Number is Not Acceptal	ole)
			84 City		FL 85 Zip Code
SIGNATURE		en ano de il applicable. (NOT D DIRECTORS			DATE DERS AND DIRECTORS IN 12
Tilvé	VDST	DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	SPEARS, RICHARD K. 3104 ROBERTA ST.		1.2 NAME 1.3 STREET ADDRESS		
CHY-S1-ZP	LARGO FL 34641		1.4 CITY-ST-ZIP		
TITLE	P	DELETE	21 TELE		Change Addition
NAME	SPEARS, EVELYN A. 3104 ROBERTA ST.		2.2 NAME		
STREET ADDRESS CITY-ST-ZIF	LARGO FL 34464-1		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		
TIFLE	TALLANDA MARIANA MARIA	DELETE	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CCTY+ST+ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS	•	
CHTY - ST - ZIF			4.4 CITY - ST - ZIP		
THE		☐ DELETE	5 1 TITLE		Change Addition
NAME STREET ADDRESS			52 NAME 53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		4	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		,
0fr · S1 - 7IP 14 - Leig bere	by crutify that the information expedie	ed with this filing does not quali	6.4 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statute	es. I further certify that the
informatic Lamian o	in inclinated on this annual report or	supplemental annual report is t r the receiver or trustee empoy	rue and accurate and that rered to execute this repo	t my signature shall have the same leg rt as required by Chapter 607, Florida	at effect as it made under path: that I

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/17

813-531-2238

FILED

May 14 1997 8:00am

Secretary of State

Daytime Phone #