## 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

DOCUMENT # M70468

(7)

**FILED** May 02 1997 8:00am Secretary of State

		Mailing Address 711 N. SHERRILL STREE TAMPA FL 33609-1109 US	Ţ		
				<ol> <li>Date Incorporated or Qualified 03/03/1988</li> </ol>	3a. Date of Last Report 08/08/1996
	Place of Business	2a. Mailing Address		4. FEI Number 59-2880943	Applied For
Sulte, Api	t. # etc.	Suite, Apt. #, etc.		39-2000943	Not Applicable \$8.75 Additional
22	W # 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	27		5. Certificate of Status Desired	Fee Required
City & Sta	ate	City & State	<del></del>	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for	
24	25	29	30		Yes X No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
JESSE L. MASSINGILL 711 N. SHERRILL STREET TAMPA FL 33607			Name		
			82 Street Ad	ldress (P.O. Box Number is Not Accepta	able)
10	MFA 1 E 33007		83		
			84 City		FL 85 Zip Code
office or agent. I SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was ations of, Section 607.0505, F	authorized by the corpor lorida Statutes.	orporation submits this statement for the ration's board of directors. I hereby according to the result of the rectors of the	ept the appointment as registered
12,	Signature, typed or printed name of registered ag OFFICERS AN	ent and tille if applicable. (NO ID DIRECTORS	TE Registered Agent signature rec	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE	COT	DELETE	1.1 TITLE	ADDITIONS/OTIANGED TO OTT	Change Addition
NAME	MASSINGILL, JESSE L		1.2 NAME	•	
STREET ADDRESS		60	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4,C(TY-ST-ZIP		
TITLE	VSD	DELFTE	21 TITLE		Change Addition
NAME	MASSINGILL, VALERIE A.	T #500	2.2 NAME		
STREET ADDRESS		il., #560	2.3 STREE1 ADDRESS		
CITY-ST-ZIP	TAMPA FL	□ priete	2. 4 CITY - ST - ZIP		
TITLE	ANDRETTA, EVELYNE	☐ DELETE	3.1 TITLE		Change Addition
NAME OTREET ADDRESS	ARRA NI BAOUV BY DO MES	T #580	3.2 NAME		
STREET ADDRESS	TAMPA FL	THE REPORT	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	V	DELETE	3.4, CHY-S1-ZIP 4.1 TITLE		Change Addition
NAME	FRANC, JAMES	beset	4.2 NAME		
STREET ADDRESS	ACCOUNT DO NOT DO MESO	ST., #560	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 DITY-ST-ZIP		
TITLE	PD	DELFTE	5.1 TITLE		Change Addition
NAME	BACH, WILLIAM E		5.2 NAME		
STREET ADDRESS		560	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 DITY-ST-ZIP		
TITLE		☐ DELETE	61 MILE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	s (		6.3 STREET ADDRESS		
	1				

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 of 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 trusted 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.