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

**PROFIT** CORPORATION ANNUAL REPORT

1997

The state of the s

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M70594 (0)													
							% GLENN E. BROWN 1903 TERRY LANE TAMPA FL 33613		% Glenn e. Brown 1803 Terry Lane Tampa fl 33613-4144				
												3. Date Incorporated or Qualified 03/04/1988	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-2872072	Applied For Not Applicable							
Sulte, Ap1. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred							
City & Stat	le	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees							
Zip 24	Country 25	Zip 29	30 C	ountry	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes \textstyle No							
	9. Name and Address of Cur	rent Registered Agent	·		10. Name and Address of New Reg	ylstered Agent							
BROWN, GLENN E. 2529 W. BUSCH BLVD. SUITE 900 TAMPA FL 33618				82 Street Addres 83 84 City	ośs (P.O. Box Number is Not Acceptabl	e)							
office or a	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-	ate of Florida. Such cha	nge was authoriz	ed by the corporati	oration submits this statement for the pr on's board of directors. I heroby accep	rpose of changing its registered the appointment as registered							
	Signature, typed or printed name of registered			red Agent signature require		DATE							
12.	T	AND DIRECTORS	ELETE 1.1		ADDITIONS/CHANGES TO OFFICE								
TITLE	D   Noe, John F.	ا لــا		TITLE		☐ Change ☐ Addition							
STREET ADDRESS	1903 TERRY LANE		1.3	NAME STREET ADDRESS									
CITY-ST-ZIP TITLE	D D			CITY-ST-ZIP	<del></del>	Change Addition							
NAME	HAYES, BILL L.			NAME		C Disalgo C Addition							
STREET ADDRESS	1903 TERRY LANE			STREET ADDRESS									
CITY-ST-ZIP	TAMPA FL			City-St-ZiP									
TITLE				TITLE		☐ Change ☐ Addition							
NAME STREET ADDRESS				NAME STREET ADDRESS	•								
CITY-ST-ZIP				CATY-ST-ZIP									
TITLE		D		TITLE		Change Addition							
NAME		<u> </u>		NAME									
STREET ADDRESS				STREET ADDRESS									
CITY-ST-ZIP				ÇNY-ST-ZIP									
TITLE			ELETE 5.1	TITLE		Change Addition							
NAME			5.2	NAME		ļ							
STREET ADDRESS			5.3	STREE1 ADDRESS									
CITY-ST-ZIP				CITY-ST-ZIP									
TITLE		D		TITLE		Change Addition							
NAME			62	NAME									

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 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 changed or on an attachment with an address.

6.4 CITY- ST- ZIP