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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # M81897** 

141

Principal Place of Business  Mailing Address  Marthur L. Roberts  Marthur L. Roberts						
					3. Date Incorporated or Qualified 05/19/1988	3a. Date of Last Report 04/16/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21	•	26	I I		<b>59-2889488</b> Not Applicable	
Surie, Apt. #, etc 22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23		City & State	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ <b>24</b>	Country 25	Zip <b>29</b>	30 Co	untry		Yes No
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent
ROBERTS, ARTHUR L. 807 BAMMA DR. BRANDON FL 33511				82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  FL 85 Zip Code		
office or re agent. Lai SIGNATURE	to the provisions of Sections 607,05 egistered agent, or both, in the Stat militar with, and accept the oblig standard the state of the oblig standard the standard through the standard accept the oblig standard through the standard through	e of Florida. Such change was gations of, Section 607.0505, Fi	authorize orida Sta	ed by the corpo stutes.	orporation submits this statement for the p oration's board of directors. I hereby accep iquired when reinstating?	urpose of changing its registered of the appointment as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D DODGOTO ADTIMO	☐ DETELF	1.1 T			Change Addition
NAME STREET ADDRESS CITY+S1-ZIP	ROBERTS, ARTHUR L. 807 BAMMA RD. BRANDON FL		1.3 \$	IAME STREE1 ADDRESS CITY-ST-ZIP		
TITLE		DELETE	2.1 [			Change Addition
NAME			2.2 1	IAME		·
STREET ADDRESS CHTY-ST-7IP				STREET ADDRESS		
TIFLE		DELETE	3.17			Change Addition
NAME				IAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY-ST-ZIP		
TITLE	☐ DELETE		4.11	<del></del>		Change Addition
NAME			4.2	NAME		-
STREET ADDRESS		4.3 5	STREET ADDRESS			
Dity-ST-7iP			4.4 (	CITY-ST-ZIP		
TOTALE.	The second section with a second section of the second second section second section second section second section second section sect	DELETE	5.1 ₹			Change Addition
NAME			5.2 N	NAME		

6.4 CITY - ST - ZIP 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 adoress.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-S1-789

CHY-\$1-7P

TITLE NAME

DELETE

2-25-97 813-681-3971

Change

☐ Addition

**FILED** 

Mar 03 1997 8:00am

Secretary of State