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

Principal Place of Business WICKS 'N' STICKS S825 LEELAND ST. S. ST. PETERSBURG FL 33715 WICKS 'N' STICKS S825 LEELAND ST. S. ST. PETERSBURG FL 33715							
US PETERSBUI	HG FL 33715	ST. PETENSBURG FL 397	5-1633			n. Date of Last Report 07/30/1996	
Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-2901374	Applied For Not Applicable		
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$0.7E (
City & Stat 23	e	City & State	h		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
<i>Z</i> ip 24	Country Z ₁ p 25 29		Country 30	,	8. This corporation has liability for intan	- a4	
	9. Name and Address of Current	t Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registe	red Agent	
	ANT, RAYMOND	•	81	Name		• •	
5825 LEELAND STREET SOUTH ST. PETERSBURG FL 33715			62	Street Ad	dress (P.O. Box Number is Not Acceptable)		
			83			1	
		√ ;	84	City		FL 85 Zip Code	
office or r agent Ta SiGNATURE	registered agent, or both, in the State of amiliar with, and accept the obligation of registered agents.	of Florida Such change was dions of, Section 607,0505, Fl or and title if applicable (NOI	authorized by orida Statute (E: Registered Age	the corpor		appointment as registered	
12.	OFFICERS AND DIRECTORS		13.	····	ADDITIONS/CHANGES TO OFFICERS		
THE	PD DELETE BROSSARD-BRYANT, PEARL		\$.1 TITLE			Change Addition	
NAME	PAGE LEI AND OTHERT COLITA		1.2 NAME				
STHEET ADDRESS	ST. PETERSBURG FL		1.3 STREET				
CHY-ST-ZIP TrTLE	D DELET		1.4 City+ST-ZiP 2.1 Title			Change Addition	
NAME	BRYANT, RAYMOND		2.2 NAME				
STREET ADORESS	5825 LELAND STREET SOUTH		2.3 STREET	ADDRESS			
CITY: \$1-20°	ST. PETERSBURG FL		2. 4 CiTY-	ST-ZIP			
FILE	D DELETE		3 1 TITLE			Change Addition	
NAME	BROSSARD, JUANA		3.2 NAME				
STREET ADORESS	170-20 130TH AVE. #1D		3.3 STREET				
C(1 y - ST - ZIF	JAMAICA NY	Distr	3.4. CITY - 1	ST-ZIP		E Obress E Deplies	
TITLE	D Marius, Joan	DELETÉ	4.1 TITLE			Change Addition	
NAME STREET ADORESS :	1915 SEAGIRT BLVD.		4. 2 NAME	*DODGCC			
CITY+ST-ZIF	FAR ROCKAWAY NY		4.3 STREET				
THE	DELETE		4.4 CITY - S 5.1 TiTLE	1 - 245		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S				
Tillef		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

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

SIGNATURE:



4/20/97 (813) 977-2254

FILED

Apr 28 1997 8:00am

Secretary of State