## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

AMERICAN SUBCONTRACTORS ASSOCIATION, FLORIDA GUIL



97 AUG 27 PH 3: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

F COAST CHAPTER, INC.								
Principal Plac	e of Business	Mailing Address			- 1 100:11101 001 1:011 0:010 0:111 100:1 101	IL BIBIT BIBIT BIBIE BIBI	I DIDIA DEBEL PODI	
1527 N. DALE MABRY HIGHWAY. SUITE 101 P O BOX 24491								
LUTZ FL 33549 TAMPA FL 33623						DO NOT WRITE IN THIS SPACE		
		US				3. Date Incorporated or Qualified	3a. Date of Las	
					_	05/01/1986	06/22/1	996
	Place of Business	2a, Mailing Address	<b>.</b>	) NT		4. FEI Number		Applied For
<del></del>	94th Ave. N. 26 466 94th A			ive. N.		59-2714042		Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	1 1 7	5 Additional Required
City & Stat	е	City & State				6. Election Campaign Financing		00 May Be
23 St.	Petersburg, FL	St. Petersl	burg	g, FL		Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Cou			8. This corporation owes or has paid		
24 337		29 33702 3	o P	inella	18	Personal Property Tax due June 3		∐ No
	g. Name and Address of Current	Registered Agent		81 Name		10. Name and Address of New Reg	istered Agent	
C					<u>Che</u>	Cheryl Harris		
FELDMAN, ROXANA 1018-11B W BRANDON BLVD				Street Address (P.O. Box Number is Not Acceptable) 466 94th Ave. N.				
BRANDON FL 33511				83	400	94th Ave. N.		
DIMINUOTE 55511								
				84 City	St.	Pete:sburg,	FL  85   3	ip Code 33702
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the ab	ove-named	corpo	ration submits this statement for the pu	rpose of changin	g its registered
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered open, of both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familial with, and accept the open of Section 617 0503, Florida Statutes.								
SIGNATURE Law Survey Executive Administrator, Chen Harris 8/18/97								
SIGNATURE .	Registered	Agent signature	required	when reinstating)	DATE			
12.	OFFICERS AND		13,	1		ADDITIONS/CHANGES TO OFFICE		
TITLE	D COVANA	* DELETE	1,1 1(1			40000022		Addition
NAME	FELDMAN, ROXANA 1018-11B WEST BRANDON BLV	ın.	1.2 NA			-08/28/9	3701124 <b>-</b>	·-007
STREET ADDRESS	TAMPA FL 33511	,u		REET ADDRESS		*****61	25 ****	<b>*</b> 61.25
CITY-ST-ZIP TITLE				1.4 CITY-ST-ZIP			[ ] Chang	e Addition
NAME	DOYLE, GREG		2.2 NA					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	4608 N LOIS AVE			REET ADDRESS				-
CITY-ST-ZIP	TAMPA FL 33614			TY-ST-ZIP				
TITLE	D	☐ DELETE	3.1 TiT				☐ Chang	je 🔲 Addition
NAME	TAPPOUNI, MICHELLE	:	3.2 NA	ME				
STREET ADDRESS	1344 W CASS ST		3.3 ST	REET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33606			TY-ST-ZIP				
TITLE	D D	XX DELETE	4.1 T(T	1	Ď	0.1.3	Chang	e ÆÆAddition
NAME	GERAGHTY, RANDY		4.2 N			uce Silverman		
STREET ADDRESS	15210 ARBOR HOLLOW DR ODESSA FL 33556		ľ	REET ADDRESS		44 W. Crenshaw St	•	
CITY-ST-ZIP TITLE	ODESSA FL 33930	☐ DELETE	4.4 C/1 5.1 T/T	Y-ST-ZIP	18	mpa, FL 33634	Chang	e Addition
NAME		- Detect	5.7 M	I			. Unding	- Lindonion
STREET ADDRESS		l	1	MEET ADDRESS		0 0		1
CITY-ST-ZIP				Y-ST-ZIP		11 111111	17	
TITLE		☐ DELETE	6.1 TIT			- Ur Will	Chang	je Addition
NAME		_	6.2 NA	I		$Q_{\sim L}$	102	
STREET ADDRESS	l n			REET ADDRESS		O'ZL	2/7/	
CITY+ST-ZIP	1		6.4 CIT	Y+ST+ZIP			1	ļ
	by certify that the information supplied	with this filing does not qualify			lated i	in Section 119.07/3)(i), Florida Statutes	. I further certify th	nat the

al annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that are or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name chmen with an address. information indicated on the lam an officer or director appears in Block 12 of Block