## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT				Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
DOCU	<b>1997</b> MENT #	N2860		(1)		TIONS						
1. Corporation	on Name SLAND WAY CO			• •								
l '.	ce of Business	Mailing Addres	_				A SOUTH OF DISCUSSION OF THE	Mamma sali memer 8	1611 A1811 A181E A	)		
2753 STATE I	<b>30</b> 580		2753 S.R. 960 207									
CLEARWANER	FL 34621	CLEADWATER F	CLEADWATER FL 34821-3345				Date Incorporated or Qualifie	d 90 D	ate of Last R		ግ	
US Ho	L'DAY-	INC ,	MC				09/26/1988	0 Sa. D	02/20/19			
2. Principal I	Place of Business	2a. Mailing Address				,	4. FEI Number 59-2936648			plied For	7	
Suite, Apt	<del>Z -</del> 151519	NOYW. NE	Suite, Apt.	etc.	7 -1	46.T-	TAT.	3872830040		\$8.75 /	t Applicable	<u>'</u>
22 LA-BG-0 -			27 Po Box 3007					5. Certificate of Status Desired		Fee Re		
City & Sta	le ,		City & State	201			_,	6. Election Campaign Financing		\$5.00	May Be	7
23 Zip	Co	ountry	28   C CE	1418 4	Coun	<b>GA-</b>	<b>~</b> _	Trust Fund Contribution		Added I		4
24 337	7 / 25 /	PINELLAS	29 7463	70 3	o P	NEU	49	<ol> <li>This corporation has liability to Florida Statutes</li> </ol>		tax under s. ]] No	. 199.032,	Ì
	9. Name and A	ddress of Current	Registered Agent			21 N		10. Name and Address of New	Registered	Agent		1
DEADO	ou lucinema o	ODM			8	1 Name	兀	ANDEN-HOL.	DAY			1
REARDON, MAUREEN C CPM PROGRESSIVE MANAGEMENT, INC. 82 Street							Addres	ss (P.O. Box Number is Not Accep	table)	c . ^	0	7
2753 S.R. 580 SUITE 207							T V	B BRANDY	N IV	A - (),	<u> </u>	1
CLEARWATER EL 34821								7760		OE Zin /	Code	-{
44 0		0.7550			- 1	7			FL	<b>"</b>	<u> </u>	╧
office or	registered agent or	bed, in the State	and 617.1508, Flori Parida Such chai	ida Statutes 1ge was au	the about	ive-named by the corp	corpor oration	ration submits this statement for the n's board of directors. I hereby ac	e purpose of cept the app	changing it ointment as	s registered registered	1
SIGNATURE	arri larrilla Will, ac	accept accept at	ons or, section 617	.0503, Flori	OA STATUT DRI	98. 2454/-		hy 'now	11	04/9	~	
		raine of y state	Mathem (Iprable.	(NOTE:		gent signature	required	when reinstating)	DATE	<i>291  </i>		]_
12.	D D	OFFICERS AND	DIRECTORS	ELETE	13. 1,1 TITL	<del></del>	<del></del> -	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR Change	S IN 12	-   8
NAME	HALIL, CELGI	N D		LLLIC	1.2 NAM		ļ			L'1 Civilès	L AGGIOON	15
STREET ADDRESS	650 ISLAND \					ET ADORESS	Ì					3
CITY-ST-ZIP	CLEARWATER	R FL			1.4 CITY	-ST-ZIP						-   Š
TITLE	π	Ki m	<u> </u>	ELETE	2.1 TITLE		5.	70 - 0 1		Change	Addition	70
NAME STREET ADDRESS	LANDO, HARI 650 ISLAND V				2.2 NAM		HA	PRY-IRIZ	RIS	(y, _		1
CITY-ST-ZIP	CLEARWATER	RFL		_		ET ADDRESS '-ST-ZIP	27	EDOUNTE		N: 7-	606	
TITLE	PSD	,		ELETE	3.1 TITLE	-31-211		EARWATE		Change	Addition	┨
NAME	CLAYTON, BE				3.2 NAM	E						ļ
STREET ADDRESS	650 ISLAMO				3.3 STRE	ET ADDRESS						1
CITY-ST-ZIP	CLEARWATER D	( PL		FLETE		-ST-ZIP			<del></del>	Charac	1 1222	4
NAME	MORINE, RIC	HARD	<b>LEG</b> 17		4.1 TITLE 4.2 NAM	4				Change	Addition	ł
STREET ADDRESS	650 ISLAND	NAY #101				ET ADDRESS						
CITY-ST-ZIP	CLEARWATE				4.4 CITY	-ST-ZIP						
TITLE	VD.		D	ELETE	5.1 TITLE	1			· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	1
NAME CIRCIT ADDRESS	GILLIN, GEOR				5.2 NAM							
STREET ADDRESS CITY-ST-ZIP	650 ISLAND V					ET ADDRESS						
TITLE	VILLARITATE	116	D	ELETE	5.4 City 6.1 Title					Change	☐ Addition	1
NAME	]				6.2 NAM					Authilian	E FWORKOR	
STREET ADDRESS						et address						
CITY-ST-ZIP	hu north the state		24 11 20	<del> </del>	6.4 CITY			Section 119 07/3/// Floride State				
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I do nereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

**FILED** 

Jan 31 1997 8:00am