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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT #

N38957

(9)

FILED May 16 1997 8:00am Secretary of State

Principal Plac 7911 CITRUS D TEMPLE TERRA	PRIVE	Mailing Address 7911 CITRUS DRIVE TEMPLE TERRACE FL 33	9637-6507					
US		us			3. Date incorporated or Qualified 07/06/1990	3a. Date	of Last F 5/01/19	Report <b>196</b>
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 37-1188944	<del>1</del>	<del></del>	pplied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			37-7 100944			ot Applicable Additional
2 786	w, 610.	27			5. Certificate of Status Desired			equired
City & Stat	е	City & State		<u> C</u> i	6. Election Campaign Financing	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$5.00	May Be
3		Estample DE	SOLUTION OF THE PARTY OF THE PA		Trust Fund Contribution		Added	to Fees
Zip ⊒	Country	To Dean	Count	ry	8. This corporation has liability for	Intangible ta		s. 199.032,
1	9. Name and Address of Current I	Registered Agent		#P>	Florida Statutes  10. Name and Address of New Ro			
	2, ((3))		8	1 Name				
MCALIS	TER, LINDA LOPEZ		8	2 Street Add	dress (P.O. Box Number is Not Accepta	ble)		
7911 CITRUS DIRVE				<u> </u>				
TEMPLE	TERRACE FL 33637		8	3				
			8	4 City	······································	FL	<b>85</b> Zip	Code
agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State of im familiar with, and accept the obligati	ons of, Section 617.0503,	Florida Statut	es.		brown mbbon		
SIGNATURE	Signature: typed or printed name of registered agent	and title if applicable. (N			ulred when reinstaling)	DATE	<del></del>	
/ <del></del>	Signature typed or printed name of registered agent OFFICERS AND	DIRECTORS				DATE CERS AND D	DIRECTO	RS IN 12
12. TITLE	OFFICERS AND		OTE: Registered A  13.	gent signature requ	uired when reinstaling)	DATE CERS AND D		RS IN 12
12. TITLE NAME	OFFICERS AND D MCALISTER, LINDA LOPEZ	DIRECTORS	OTE: Registered A  13.  1.1 TITLE  1.2 NAM	igent signature requ	uired when reinstaling)	DATE CERS AND D	DIRECTO	RS IN 12
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4. I do hereby cartify 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 33 if changed, or on an attachment with an address.

SIGNATURE

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1/97 (813)974-0983