SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (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 # N48262

(2)

Principal Place of Business	Mailing Address
200 M.L. KING BLVD.	200 M.L. KING BLVD.
TAMPA FL 33603	TAMPA FL 33603

FILED Sep 05 1997 8:00am Secretary of State

	STEMPER CIVIC ASSOCIT									
Principal Plac	e of Business	Mailing Address				i iomiikini mii mimai fillim iisin mikin k		-041 01411 01011 0 1	SEIT BIRN (AR)	
200 M.L. KING BLVD. 200 M.L. KING BLVD. TAMPA FL 33603 TAMPA FL 33603					DO NOT WRITE IN THIS SPACE					
	***					3. Date Incorporated or Qualified		Date of Last F	Report	1
						04/08/1992		01/31/19	96	
—	tace of Business	2a. Mailing Address	2a. Malling Address			4. FEI Number			pplied For]
21 26		Suite, Apt. #, etc.				59-3274971	Not Applicable \$8.75 Additional			
Sulte, Apt. #, etc		27	_			5. Certificate of Status Desired			Additional leguired	
City & Stat	Ө	City & State			·····	6. Election Campaign Financing	\$5.00 May Be			
23		28				Trust Fund Contribution			to Fees	1
Zip 24	Country 25	Zip 29	Country 30			8. This corporation owes or has pa			itangible No	
24	9. Name and Address of Curr		[30]	1		Personal Property Tax due June 10. Name and Address of New Re				1
				81 N	ame		-			1
RIGAU, F	ROGER V			82 SI	treet Addr	ess (P.O. Box Number is Not Acceptate	ole)			┪
200 M.L.	KING BLVD.			خلا						4
TAMPA F	FL 336 03			83						
				84 C	ity		FL	85 Zip	Code	1
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508. Florida Statu	tes, the a	bove-na	med corp	poration submits this statement for the c			its registered	┨
office or I	egistered agent, or both, in the Sta	ite of Florida, Such change was	authorize	d by the	corporat	oration submits this statement for the pion's board of directors. I hereby acception	ot the ap	pointment as	registered	
SIGNATURE	in grade ma, and docopt the ob-	iganons on obotion or nooco, re	onda ola	iolos.						
SIGNATORE .	Signature, typed or printed name of registered to			d Agent sig	gnalura requir	ed when reinstaling)	DATE			_ ا
12.		ND DIRECTORS DELETE	13.	TI E		ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTOR Change	RS IN 12	ģ
TITLE Name	! D Rìgau, Roger v		1.1 Ti					□ charge		12
STREET ADDRESS	226 LAKESIDE DR			STREET ADDRESS						18
CITY-ST-ZIP	LUTZ FL			1.4 CITY-ST-ZIP						ľ
TITLE	D	☐ DELETE	2.1 TI					Change	Addition	וַל
NAME	VIZZARI, RALPH		2.2 N	AME						1
STREET ADDRESS	18304 CYPRESS COVE RD		2.3 S	2.3 STREET ADDRESS						
CITY-ST-ZIP	LUTZ FL		_	XTY-ST-ZI	Р					1
TITLE	D	☐ DELETE	3.1 Ti					L Change	Addition	
NAME STREET ANNOCOS	FONTANILLS, JACKIE		3.2 N	-	DE CC					-
STREET ADDRESS CITY-ST-ZIP	230 LAKESIDE DR Lutz Fl			TREET ADD CITY-ST-ZI	- 1					
TITLE	<u> </u>	DELETE	4.1 TI		<u> </u>	,		Change	Addition	1
NAME			4.2 N					•		
STREET ADDRESS	i		4.3 S	TREET ADD	RESS					l
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 C	ITY-ST-ZIF	·					1
TITLE		DELETE	5.1 TI	ITLE				Change	Addition	
NAME	;		5.2 N	AME	1					
STREET ADDRESS	,		5.3 \$	TREET ADD	RESS					
CITY-ST-ZIP		DELETE		TY-ST-ZIF				Chanca	Addition	1
TITLE		C VELETE	6.1 TI					Change	Addition	
NAME OTREET ANDRESS			6.2 N	ame Treet addi	DE DE					
STREET ADDRESS CITY-ST-ZIP										
	by partify that the information gund	ind with this fitting does not avail		ITY-ST-ZIF		in Section 119 07/3)(i) Florida Statuta	o I turth	or cortify that	t the	4

Two indexts on the control of the corporation of the receiver of 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 as true and accurate and that my signature shall have the same legal effect as if made under eath; 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 if changed, or on an attachment with an address.

(DID) OULD JONI