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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # N9400001419 (0) 1. Corporation Name

FILED Apr 16 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 6032 SANTA MONICA P.O. BOX 260616 TAMPA EL 2005 COLS											
TAMPA FL 33685-0816							3. Date Incorporated or Qualified 03/22/1994 02/09/1996				
2. Principal Place	e of Business	2a . Ma	illing Address	ess			4. FEI Number Applied			Applied For	
21	- <u>, </u>	26					59-3240742			Not Applicabl	
Suite, Apt #, ei			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred				
City & State			y & State				6. Election Campaign Financing			00 May Be	
23		28					Trust Fund Contribution			ded to Fees	
Zip			Zip Country				8. This corporation has liability for intangible tax under s. 199.00				
24	25	29					Florida Statutes Yes XNo				
9	Name and Address of Curre	ent Registere	d Agent		- 1		10. Name and Address of New Reg	Istered A	gent		
				į i	81	Name					
ZACK, SALLY					82	Street Addr	ess (P.O. Box Number is Not Acceptable)				
6032 SANTA				<u> </u>	B3						
TAMPA FL 33615				[
				[1	84	City		FL	85	Zip Code	
11. Pursuant to th	ne provisions of Sections 617.05	502 and 617.1	508, Florida Statu	tes, the ab	OVO-	named corp	oration submits this statement for the pr		changi	ng its registere	
o ¶i€ e or regis abent Lam fa	stered agent, or both, in the State	te of Florida. Singations of Sc	Such change was . ection 617 0503 Ft	authorized Iorida Statu	ıtes ≀tes	the corporati	oration submits this statement for the prion's board of directors. I hereby accep	t the appo	intmen	t as registered	
- 1	and the party an	Barrer on or		V/144 V/4/4							
SIGNATURE	nature, typed or printed name of registered a	agent and title if app	plicable. (NO	TE: Registered	Apen	i signature requir	ed when reinstating)	DATÉ			
12.	OFFICERS A	ND DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS IN 12	
	PD		DELETE	1.1 TiTs	LE.			I	Chai	nge 🔲 Additio	
	ZACK, SALLY			1.2 NA)	ME						
	503 SANTA MONICA DRIVE			1.3 STP	REET A	VDDRESS					
	Tampa Fl			1,4 CIT	Y-ST	-ZIP					
Ι,	VD .		∠ DELETE	2.1 T)TI	- 4	Val. 6			I Chai	nge 🔲 Additio	
	PENA, KATHY						EORGE CIVESNO	011		. A. A.	
	8774 HUNTFIELD			2.2 NA		6	EORGE CHESNE	ONDIC	19		
				2.3 STR	REET A	ADDRESS 6	EORGE CHESNI SOSZ SANTA M.	261.	50		
	TAMPA FL		Part etc	2.3 STR 2.4 CIT	REET A	ADDRESS 6	EORGE ChESNE 1032 SANTA M. TAMPA FL 3.	2610 1119	19	TRES	
	TAMPA FL ASD	***************************************	DELETE	2.3 STR 2.4 C/T 3.1 T/T/	REET A	ADDRESS 6	TAMPA FL 3.	36/1 1/1/8	Cha	ORES	
NAME T	TAMPA FL ASD TIRPAK, JACKIE	***************************************	DELETE	2.3 STR 2.4 CIT 3.1 TITI 3.2 NA	REET A TY - ST LE A ME	125,D. 1	TAMPA FL 3. VANCY REA 139. E PATTER	50 L	Cha	TRES 10e Addition	
NAME T STREET ADDRESS 5	TAMPA FL ASD TIRPAK, JACKIE 5909 SUNSSEX CT		DELETE	2.3 STR 2.4 CIT 3.1 TITU 3.2 NAV 3.3 STR	REET A TY - ST LE A ME REET A	ADORESS 7	VANCY REA 122 E. PATTER	י ע סידט	Cha	TRES 108 Addition	
NAME T STREE I ADDRESS 5 CITY-ST-ZIP T	TAMPA FL ASD TIRPAK, JACKIE 5909 SUNSSEX CT TAMPA FL			2.3 STR 2. 4 CIT 3.1 TITE 3.2 NA 3.3 STR 3.4. CIT	REET A TY-ST LE ME REET A TY-ST	ADORESS 7	VANCY REA 122 E. PATTER	50 p 356	, i	Sody	
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NAME T STREET ADDRESS 5 CITY-ST-ZIP T TITLE NAME F STREET ADDRESS 6	TAMPA FL ASD TIRPAK, JACKIE 5909 SUNSSEX CT TAMPA FL DT RAMOS, NINA FRANCO 3304 SOUTHERN COMFORT	Г BLVD.		2.3 STR 2.4 C/1 3.1 TITI 3.2 NA/ 3.3 STR 3.4. C/1 4.1 TITI 4.2 NA/ 4.3 STR	TY-ST LE ME REET A TY-ST LE WHE REET A	ADORESS TO ZIP	TAMPA FL	50 p	cha	Sody	
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NAME T STREET ADDRESS 5 TITLE TO THE STREET ADDRESS 6 CITY-ST-ZIP TITLE TITLE TAME 2 Z	Tampa Fl ASD Tirpak, Jackie 5909 Sunssex Ct Tampa Fl Dt Ramos, Nina Franco 6304 Southern Comfort Tampa Fl To Zack, Sally	T BLVD.	□ DELETE	2.3 STR 2.4 GIT 3.1 TITI 3.2 NAV 3.3 STR 3.4 CIT 4.1 TITI 4.2 NA 4.3 STR 4.4 CIT 5.1 TITI 5.2 NAV	TY-SI LE A ME ME REET A LE ;	ADORESS 1-ZIP ADORESS 5-ZIP	TAMPA FL	50 p	Cha	Secty nge Addition Core. Secty Core.	
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. 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 expedience 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Part - 97
Date Dayline Phone # 004932