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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600000832 (3)

FILED Aug 12 1997 8:00am Secretary of State

Principal Plac	OME DISTRICT BUSINES De of Business AVE	Ma	iling Address CENTRAL AVE	·							
ST PETERSBURG FL 33712 ST PETERSBURG FL 33712-13					342			3. Date Incorporated or Qualified 3a. Date of Last Report 02/16/1996			
6 Delegional E	Plana of Business	20	Mailing Address					4. FEI Number	.1	TV	Annilla d Car
Principal Place of Business Principal Place of Business			26. Mailing Address					21112200			Not Applicable
Suite, Apt.	. #, etc.	1201	Suite, Apt. #, etc.							\$8.7	75 Additional
22		27						Certificate of Status Desired		Fe	e Required
City & Stat	te	<u> </u>	City & State]	6. Election Campaign Financing			00 May Be
23	Country	28	Zip	7 6-				Trust Fund Contribution			ded to Fees
Zip 24	Country 25	29	Ζip	30	untry		j	8. This corporation has liability for Florida Statutes	intangible] Yes [er s. 199.032,
24]	g, Name and Address of Cur		ered Agent	1301	Τ_			10. Name and Address of New Re			
			<u>_</u>		81	Name				<u> </u>	
BONSEY	Y, RICHARD					Div/	A alpli - ·	o (D.O. Boy Number to Ned Accordant	ula)		
	ENTRAL AVE				82	Street /	Addres	s (P.O. Box Number is Not Acceptab	нө)		
	ERSBURG FL 33712				83		_				
0					84	City				les	Zip Code
					04	City			FL	85	zip Code
11. Pursuant	to the provisions of Sections 617.0	0502 and 61	7.1508, Florida Statu	ites, the a	bove	e-named	corpor	ation submits this statement for the p n's board of directors. I hereby accep	urpose o	l changi	ng its registered
agent. I a	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florid oligations of,	a. Such change was . Section 617.0503, F	autnorize Iorida Sta	eo by stutes	/ ine corp s.	ooratior	n's board of directors. I hereby accep	ot trie app	oinimen	t as registered
SIGNATURE											
DIGITATIONE											
	Signature, typed or printed name of registered			1F: Register	ed Age	ent signature	beriuper	when reins ating)	DATE		
12.	OFFICERS.	agent and lide i	TORS	13.		ent signature	required	when reins ating) ADDITIONS/CHANGES TO OFFICE			
TITLE	OFFICERS.			13. 11 T	TITLE	ent signature	beriuper			D DIREC	
TITLE NAME	OFFICERS. PD SCANLAN, WILLIAM J		TORS	13. 1.1 T 1.2 A	TITLE		required				
TITLE NAME STREET ADDRESS	OFFICERS PD SCANLAN, WILLIAM J 1720 CENTRAL AVE	AND DIREC	TORS	13. 1.1 T 1.2 h	TITLE NAME STREET	ADDRESS	required				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCANLAN, WILLIAM J 1720 CENTRAL AVE ST PETERSBURG FL 33713	AND DIREC	TORS DELETE	13. 1.1 T 1.2 h 1.3 S 1.4 C	TITLE NAME STREET CITY-S	ADDRESS	required			☐ Chai	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS PD SCANLAN, WILLIAM J 1720 CENTRAL AVE ST PETERSBURG FL 3371:	AND DIREC	TORS	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T	HTLE NAME STREET CITY-S	ADDRESS	beriuper				nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS PD SCANLAN, WILLIAM J 1720 CENTRAL AVE ST PETERSBURG FL 3371: VD WARREN, JOHN	AND DIREC	TORS DELETE	13. 1117 1.26 1.35 1.40 2.17 2.26	TITLE NAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP	required			☐ Chai	nge Addition
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14. 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 comporation 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.

The Market of the Commerce

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