## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT #
1. Corporation Name N96000001717 (5)

## **FILED** Jan 21 1997 8:00am Secretary of State

A BRIGHTER DAT OF FINELLAS COUNTY, INC.							
Principal Place of Business Mailing Address					Freezing) dig totto dinc dant dant	#101 BEIT? BEITS 11013 1940)	11811 (444, 144)
6965 FIRST AVE ST PETERSBUR		6965 FIRST AVENUE NO ST PETERSBURG FL 337					
					3. Date Incorporated or Qualified 03/29/1996	3a. Date of Last	Report
2. Principal P	Place of Business	2a. Mailing Address			4. FEUNumber		Applied For
21 26					37-3371145	ı	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #			tc.		5. Certificate of Status Desired		Additional
27						Fee F	Required
City & State	e		City & State		6. Election Campaign Financing		May Be
23	Country	28 7in	Country	,	Trust Fund Contribution		d to Fees
Z <sub>i</sub> p	Country	Zip	Country	,	8. This corporation has liability for	intangible tax under ☐ Yes ☐ No	s. 199.032,
24	25 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26	29 Agent	30		Florida Statutes L  10. Name and Address of New Re		
	5. Italie una Haditas Of Carlo	it troductoron Adelia	B1	Name	10. Hamo and Houses of Hely He	America Mann	
D 0 D C	ODDODATE CEDUCEC INC					·	
D & B CORPORATE SERVICES, INC.				Street Add	idress (P.O. Box Number is Not Acceptable)		
5999 CENTRAL AVE, SUITE 202 ST PETERSBURG FL 33710			83				
SI PEIE	:HOBUNG FL 33/ 10						
			84	City		FL 85 Zip	o Code
11 Purcuant	to the provisions of Sections 617 050	12 and 617 1509. Florida Stat	tutes the show	e-named cor	poration submits this statement for the		ite registered
office or r	registered agent, or both, in the State	eof Florida. Such change wa	s authorized bi	v the corpora	ation's board of directors. I hereby acce	pt the appointment a	is registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 617.0503,	Florida Statute	<b>S</b> .			
SIGNATURE	Signature, typed or printed name of registered ago	ant and little if anniroship //	IOTE: Registered Ag	ent signature teg	uired when reinstating)	DATE	
12.		D DIRECTORS	13.	ork angli acisi o roqu	ADDITIONS/CHANGES TO OFFI		ORS IN 12.
TITLE	PD	DELETE	1.1 TATLE	1	VD.	Change	
NAME	SEIFRIED, E. WAYNE		1.2 NAME	16	hoy 3. Radnel 0102 Toupon Dr.		
STREET ADDRESS	1361 SEAGULL DR SOUTH		1.3 STREET	TADDRESS 1	OIDS TOURON Dr.		
CITY-ST-ZIP	ST PETERSBURG FL 33707		1.4 CITY-	ST-ZIP T	roasuse Island, FL 3	3706	
TITLE	VD	DELETE	2.1 TITLE	1	10	Change	Addition
NAME	SEIFRIED, ANN		2.2 NAME	n	harf Peilly	_	<del>-</del>
STREET ADDRESS .	1361 SEAGULL DR SOUTH		2.3 STREE	ADDRESS	063F SOMUNOC.	<i></i>	
CITY-ST-ZIP	ST PETERSBURG FL 33707		2.4 CITY-	تد ا	X. Pelechourg A. 33	20€	
TITLE	VD	DELETE	3.1 TITLE			Change	Addition
NAME	DEEB, BRIAN P		3.2 NAME				
STREET ADDRESS	5999 CENTRAL AVE, SUITE 2	202	3.3 STREET	T ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33710	_	3.4. CtTY-	ST-ZIP	:		
TITLE	VD	DELETE	4.1 TITLE			Change	Addition
NAME	SEIFRIED, ED		4. 2 NAME				
STREET ADDRESS	1312 80TH ST S		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33707		4.4 CITY-1	ST-ZIP			
TITLE	SD	DELETE	5.1 TITLE			Change	Addition
NAME	SEIFRIED, PAT		52 NAME				
STREET ADDRESS	1312 80TH ST S		5.3 STREE	T ADDRESS			
CITY - ST - ZIP	ST PETERSBURG FL 33707		5.4 CITY-	ST-ZIP			
TITLE	TD	☐ DELETE	6.1 TITLE			Change	Addition
NAME	HUENKE, JOE		6.2 NAME				
STREET ADDRESS	28100 US HWY 19 N, #100		6.3 STREE	T ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34662		6.4 CITY - 1	ST-ZIP			
		d with this filing does not au			ed in Section 119 07/3)(i) Florida Statute	es I further certify the	at the

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 of 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 13 if chapted, or by an attachment with an actions.