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 # N9600003425 (3)

FILED May 14 1997 8:00am Secretary of State

		Mailing Address 3132 TIMBERVIEW DRIVE DUNEDIN FL 34696-2927			
				3. Date Incorporated or Qua 06/27/1996	alified 3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-33876	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desir	S8.75 Additional
22		27		5. Continuale of Olatos Dual	Fee Required
City & Stat	l o	City & State		6. Flection Campaign Finan	
Zip	Country	7ip > 1 6 0	Country	Trust Fund Contribution	Added to Fees ility for intangible tax under s. 199.032,
24	25	20 3469B 30		Florida Statutes	Yes No
	9. Name and Address of Curre			10. Name and Address of N	lew Registered Agent
l			81 Nago	KAN T. MARI	4
AMERILAWYER CHARTERED 82 Str			82 Street Ac	Gress (P.O. Bax Mynys) CORN	alternat of DIVE
	MERIA AVENUE		83 31	25 THINDOKY	TOW DIVIN
CORAL	GABLES FL 33134		03		
			84 City	UNEDIN	FL 85 314098
11. Pursuant	to the provisions of Sections 617.050	02 and 617,1508. Florida Statutes.	the above-named co	propration submits this statement for	
office or I	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was auti	norized by the corpor	ration's board of directors. I hereb	or the purpose of changing its registered accept the appointment as registered
SIGNATURE	Sign O War	k prosident no	6 frequeb	87 International	Que 4125797
SIGNATURE	Signature, typed or printer name of substituted	A MUNICIPALITY PORTUR	ogistore. Apent signature rec	quired when reinstating)	DATE
12.		ID DIRECTORS	13.		OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PD	☐ DELETÉ	i i i	Punda Cacon	
NAME	MARK, SUSAN		1.2 NAME	TIMAS RVI	EW DRIVE 34698
STREET ADORESS	3132 TIMBERVIEW DRIVE DUNEDIN FL 34689		1.3 STREET ADDRESS	8132 812 31	. 34698
CITY-ST-ZIP TIFLE	\$0/ 7 /	DELETE	1.4 CITY-ST-ZIP	N TO THE	Change Addition
NAME	MARK, FON D	the state of	2.2 NAME	LUDA MAHONS	12000
STREET ADDRESS	3132 TIMBERVIEW DRIVE		2.3 STREET ADDRESS	3132 TIMBERV	iew drive
CITY-ST-ZIP	DUNEDIN FL 34689	ı	2.4 CITY - ST - ZIP	DIMEDING ?	L 34698
TITLE	Ť	DELETE	3 1 TITLE		Change Addition
NAME	GEBHART, WYN J		3.2 NAME	ENT & MARK	
STREET ADDRESS	3132 TIMBERVIEW DRIVE		3 3 STREET ADDRESS	313271111862	VIEW DRIVE
CITY-ST-ZIP	DUNEDIN FL 34689		3.4. CITY-ST-ZIP	DUNEDIN'S	· L 34698
TITLE	D	☐ DELETE	4.1 TITLE	10/6	Change
NAME	MUELLER, BRENDA		4. 2 NAME	SUSAND NING	TICH COLUCE
STREET ADDRESS	3132 TIMBERVIEW DRIVE		4.3 STREET ADDRESS	JULY TYPE	1600000
CITY-ST-ZIP	DUNEDIN FL 34689	Doubte	4 4 CiTY-ST-7IP	DAME DIN :	16 3 46 18
TITLE		☐ DELETE	5.1 1ITLE		☐ Change ☐ Addition
NAME ATOREX APPROVA			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
Crty-St-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME	1	O.C.	V.I UILL		C Augusto C vegition
HAME	•		6 3 NAME		1
PERCENTANDOROS			62 NAME		
STREET ADDRESS CITY-ST-ZIP		į	62 NAME 63 STREET ADDRESS 64 DITY-ST-7IP		

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 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 13 if changed, or on an attachment with an address.

ALANIATURE.

MALL SUSM

4/25/

7(8/3) 785-948: