## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

**SIGNATURE:** 

C(1Y-S1-7)P



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P92000011674 (8)

RICHARD A. DAVIS, C.P.A., P.A.

Principal Place of Business Mailing Address						-			
8040 WASHINGTON STREET #6 8040 WASHINGTON STREET									
PORT RICHEY FL 34688 PORT RICHEY FL 34688-8600									
					3.	Date Incorporated or Qualified	3a. Date of Last	Report	
						<b> 2/10/1992</b>	04/16/1996		
2. Principal P	Place of Business	2a. Mailing Address			""	FEI Number		Applied For	
21 41	references - the sign of all all art of the first concern and all the desired times	26 4711 CHARLE	ENE (	<u> </u>	<u> </u>	59-3151056		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5.	Certificate of Status Desired		Additional Required	
City & Stat		City & State  28 NEW PONT E	PICHEY	£4.	6. 1	Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Zip	Country	l Zip	Countr	у *		This corporation has liability for		s. 199.032,	
24 346		7 7 7	30 <i>L</i>	<u> </u>			Yes No		
						10. Name and Address of New Registered Agent			
	IS, RICHARD		*'	Ivane					
8040 WASHINGTON STREET #6				Street	Address (P.	O. Box Number is Not Acceptab	ile)		
PORT RICHEY FL 34668				7	111	CHARLENE LA	NE		
			84	City	6	PART PLANEY	FL 85 Z	Code	
11. Pursuant	to the provisions of Sections 607.0502 a	ind 607.1508, Florida Statutes	s, the abov	e-named	corporation	submits this statement for the p	urnose of changing	its registered	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change was au ons of, Section 607,0505. Flor	/thorized b ida Statute	y the corp	poration's bo	pard of directors. I hereby accept	ot the appointment a	s registered	
SIGNATURE									
Signature, Expert or present name of registered agent and title of applicable. (NOTE, Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND D		13.		A	DDITIONS/CHANGES TO OFFIC		The state of the s	
TITLE	D DAME DICHARD A	TT DETELE	1.1 TITLE				Change	Addition	
NAME STREET ADDRESS	DAVIS, RICHARD A 8040 WASHINGTON STREET #6		1.2 NAME		4711	CHAPLENS LAV	ų C.		
CITY-ST-ZIP	PORT RICHEY FL 34668		1.4 CITY-	T ADDRESS		PORT RICHEY	بييد وحسر	1652	
TITLE	101111110112111201000	DELETE	2.1 TITLE	31-2IF	NI W	FURT GETCHEN	Change	Addition	
NAME			22 NAME						
STREET ADDRESS			2 3 STREE	T ADDRESS					
CITY-SI-7IP			2 4 CITY	ST-ZIP			- 3		
TITLE		DELETE	31 TITLE		7		☐ Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY - ST - ZIP		DECETE	3 4. CITY	ST-ZIP					
TITLE		L. DELETE	4 1 TITLE				☐ Change	Addition	
NAME STREET ADDRESS			4 2 NAMI						
CITY-S1-ZIP			4.3 STREE	T ADDRESS CT., 710					
TITLE		DELETE	5.1 TITLE	O1-TIF			Change	Addition	
NAME		<del></del>	5.2 NAME						
STREET ADDRESS				T ADDRESS				1	
CITY-ST-7/P			5.4 CITY -					1	
THLE		☐ DELETE	61 TITLE				Change	Addition	
NAME			62 NAME						

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 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 corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, byton an algorithm of the corporation of the receiver of the corporation of the receiver of the corporation of the corpora