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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

Principal Place of Business Mailing Address  * JULIA M. ALLEN * JULIA M. ALLEN	
% JULIA M. ALLEN % JULIA M. ALLEN	HE FOOLD HARR BOR INDI
111 MADISON STREET, SUITE 2300 111 MADISON STREET, SUITE 2300 TAMPA FL 33602 4708	
3. Date Incorporated or Qualified 3a. Date	of Last Report
2. Principal Place of Business 28. Mailing Address 4. FEI Number	Applied For
21 26 59-3 189368	Not Applicable
Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax	
24 25 29 30 Florida Statutes Yes  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
	ent
ALLEN, JULIA M	
111 MADISON STREET SUITE 2300  Street Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33802	
	85 Zip Code
[ ] T	
office of registered agent, or both, in the otate of riorida outside was authorized by the corporation's board of directors. Thereby accept the appoint	itment as registered
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of choffice or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or proved here of registered agent and little if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  ADDITIONAL AND DIRECTORS.	
SIGNATURE Signature Typed or provid harve of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND D	
SIGNATURE  Signature Typed or provid name of registered agent and little if applicable (NOTE: Registered Agent eignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  THEE  PD  DELETE 1.1 TITLE	RECTORS IN 12
SIGNATURE Signature typed or provid name of registered agent and little if applicable (NOTE: Registered Agent alignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  THILE  PD  FERGUSON, LOUISE L  1.2 NAME	RECTORS IN 12
SIGNATURE Signative typed or provide have of registered agent and lifte of applicable (NOTE: Registered Agent signature required when reinstalling) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND D  THLE PD DELETE 1.1 TITLE  NAME FERGUSON, LOUISE L 1.2 NAME	RECTORS IN 12
SIGNATURE  Signature typed or proced name of registered agent and little of applicable (NOTE: Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND D  THE PD DELETE 1.1 TITLE  NAME  FERGUSON, LOUISE L  5400 INTERBAY BLVD.  1.3 STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33611  DELETE 2.1 TITLE  L  L  L  L  L  L  L  L  L  L  L  L	RECTORS IN 12
SIGNATURE Signature typed or proted hand of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND D  THLE PD DELETE 1.1 TITLE  NAME FERGUSON, LOUISE L  5400 INTERBAY BLVD.  1.3 STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33611  1.4 CITY-ST-ZIP  NAME  FERGUSON, HOWELL L  DELETE 2.1 TITLE  L  NAME  L2 NAME  L2 NAME	IRECTORS IN 12  Change
SIGNATURE  Signature typed or proced name of registered agent and little of applicable (NOTE: Registered Agent alignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.1 TITLE  NAME  FERGUSON, LOUISE L  STREFT ADDRESS  CHY-ST-ZIP  TAMPA FL 33611  1.4 CHY-ST-ZIP  TAMPA FL 33611  1.4 CHY-ST-ZIP  NAME  FERGUSON, HOWELL L  STREFT ADDRESS  310 W. COLLEGE AVENUE  2.3 STREET ADDRESS  310 W. COLLEGE AVENUE	IRECTORS IN 12  Change
SIGNATURE  Signature typed or proced nerve of registered agent and little if applicable (NOTE: Registered Agent eignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  THEE PD DELETE 1.1 TITLE  NAME FERGUSON, LOUISE L 1.2 NAME  STREFT ADDRESS 5400 INTERBAY BLVD. 1.3 STREET ADDRESS  CHY-ST-ZIP TAMPA FL 33611  1.4 CHY-ST-ZIP  TAMPA FL 33611  1.4 CHY-ST-ZIP  TAMPA FL 33611  2.2 NAME  STREET ADDRESS 2.3 STREET ADDRESS  CHY-ST-ZIP  TALLAHASSEE FL 32302  2.4 CHY-ST-ZIP	RECTORS IN 12 Change Addition Change Addition
SIGNATURE  Signature typed or proced nerve of registered agent and little if applicable (NOTE: Registered Agent eignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  THEE PD DELETE 1.1 TITLE  NAME FERGUSON, LOUISE L 1.2 NAME  STREFT ADDRESS  CHY-ST-ZIP TAMPA FL 33611  1.4 CHY-ST-ZIP  TITLE VD DELETE 2.1 TITLE  NAME FERGUSON, HOWELL L 2.2 NAME  STREFT ADDRESS  GHY-ST-ZIP TALAHASSEE FL 32302  TALAHASSEE FL 32302  DELETE 3.1 TITLE  DELETE 3.1 TITLE  CONTROL OFFICERS AND DIRECTORS  LOTY-ST-ZIP  TITLE STD DELETE 3.1 TITLE	IRECTORS IN 12  Change
SIGNATURE Signature typed or proced name of registered agent and little of applicable (NOTE: Registered Agent alginature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  THE PD GELETE 1.1 TITLE GELET 1.2 NAME  STREFT ADDRESS 5400 INTERBAY BLVD.  STREFT ADDRESS 5400 INTERBAY BLVD.  CITY-ST-ZIP TAMPA FL 33611  1.4 CITY-ST-ZIP  TITLE VD GELETE 2.1 TITLE GELETE GENOM, HOWELL L GENOME  STREFT ADDRESS 310 W. COLLEGE AVENUE GENOME  CITY-ST-ZIP TALLAHASSEE FL 32302  TALLAHASSEE FL 32302  THAYER, STELLA F  DELETE 3.1 TITLE GENOME  THAYER, STELLA F	RECTORS IN 12 Change Addition Change Addition
SIGNATURE Signature typed or proced hapse of registered agent and little of applicable (NOTE: Registered Agent alignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  THILE PD GELETE 1.1 TITLE  LA NAME FERGUSON, LOUISE L STREET ADDRESS CHY-ST-ZIP TAMPA FL 33611  1.4 CHY-ST-ZIP TITLE VD GELETE 21 TITLE  STREET ADDRESS 310 W. COLLEGE AVENUE CHY-ST-ZIP TALLAHASSEE FL 32302  TALLAHASSEE FL 32302  TALLAHASSEE FL 32302  THAYER, STELLA F STREET ADDRESS 111 MADISON STREET, SUITE 2300  3 3 STREET ADDRESS 111 MADISON STREET, SUITE 2300	RECTORS IN 12 Change Addition Change Addition
SIGNATURE  12. OFF ICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND D  THLE  PD  OFFICERS AND DIRECTORS  1.1 TITLE  NAME  FERGUSON, LOUISE L  STREPT ADDRESS  CITY-S1-ZIP  TITLE  VD  DELETE  1.2 NAME  FERGUSON, HOWELL L  STREPT ADDRESS  CITY-S1-ZIP  TAMPA FL 33611  DELETE  2.1 TITLE  VD  DELETE  2.2 NAME  STREPT ADDRESS  CITY-S1-ZIP  TALLAHASSEE FL 32302  TALLAHASSEE FL 32302  TAMPA FL 33602  DELETE  3.1 TITLE  NAME  THAYER, STELLA F  STREET ADDRESS  CITY-S1-ZIP  TAMPA FL 33602  3.3 STREET ADDRESS  3.3 STREET ADDRESS  3.3 STREET ADDRESS  3.3 STREET ADDRESS  3.3 NAME  3.3 NAME  3.3 NAME  3.3 NAME  3.3 NAME  3.3 NAME  TAMPA FL 33602	RECTORS IN 12 Change Addition Change Addition
SIGNATURE  12. OFF ICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND D  THLE  PD  OFFICERS AND DIRECTORS  1.1 TITLE  NAME  FERGUSON, LOUISE L  STREPT ADDRESS  CITY-S1-ZIP  TITLE  VD  DELETE  1.2 NAME  FERGUSON, HOWELL L  STREPT ADDRESS  CITY-S1-ZIP  TAMPA FL 33611  DELETE  2.1 TITLE  VD  DELETE  2.2 NAME  STREPT ADDRESS  CITY-S1-ZIP  TALLAHASSEE FL 32302  TALLAHASSEE FL 32302  TAMPA FL 33602  DELETE  3.1 TITLE  NAME  THAYER, STELLA F  STREET ADDRESS  CITY-S1-ZIP  TAMPA FL 33602  3.3 STREET ADDRESS  3.3 STREET ADDRESS  3.3 STREET ADDRESS  3.3 STREET ADDRESS  3.3 NAME  3.3 NAME  3.3 NAME  3.3 NAME  3.3 NAME  3.3 NAME  TAMPA FL 33602	IRECTORS IN 12  Change Addition  Change Addition  Change Addition
SIGNATURE    Signature   Typed or provided name of registered agent and little if applicable   (NOTE: Registered Agent signature required when renstating)   DATE	IRECTORS IN 12  Change Addition  Change Addition  Change Addition
SIGNATURE    Signature typed or proved harve of registered agent and little if applicable   (NOTE: Registered Agent signature required when remetating)   DATE	Change
SIGNATURE   Signature typed or proced raise of registered agent and little if applicable   (NOTE: Registered Agent algrature required when reinstaling)   DATE	IRECTORS IN 12  Change Addition  Change Addition  Change Addition
SIGNATURE   Signature reported where et leng sterred agent and title if applicable   NOTE: Registered Agent signature required when reinstating)   DATE	Change
SIGNATURE   Square typed or provide new cit registered agent and illion applicable   NOTE: Registered Agent signature required when rentating)   DATE	Change
SIGNATURE   Signature repeat or proced nerve of large sterred appear and into if appelicable   NOTE: Registered Agent, algorithm repeated when retriating)   DATE	Change
SIGNATURE   Square typed or proof frame of targ stered agent and life (* Applicable** (NOTE: Registered Agent aignature required when retristaling*)   DATE	Change

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 or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 or changed, or on an attachment with ampddress.

4/4/97

813/273-4200

**FILED** 

Apr 08 1997 8:00am

Secretary of State

Daytime Phone #