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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300000152 (7)

LLOYD PRESCOTT & CHURCHILL, INC.

Principal Plac 4902 EISENHON 8TE. 185 TAMPA FL 346		Mailing Address 4902 EISENHOWER BLVD. STE. 185 TAMPA FL 33634-6317			
US		US		3. Date Incorporated or Qualified 01/01/1993	3a. Date of Last Report 05/01/1996
	Place of Business	28. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.		26		59-3162011	Not Applicable
22] City & State		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	O	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for it	
24	25	29	30		mangible tax under s. 199,032,
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	
GORDON, MANUEL F			81 Name		
4902 EISENHOWER BLVD.			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
STE. 185			83		
IAM	PA FL 34634		83		
			84 City		FL 85 Zip Code
11. Pursuant office or ragent. La	ин талішат мілл, апо ассерстве общ	gations of, Section 607.0505, \$1	orida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered if the appointment as registered
12.	Signature, typed or printed name of registered ag	ent and tille if applicable (NO) ID DIRECTORS	I.C. Rugistered Agent signature requ.  13.	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DIDECTORS IN 49
TITLE	D	DELETE	1,1 1111.6	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	GORDON, MANUEL F		1.2 NAME		
STREET ADDRESS	4902 EISENHOWER BLVD., ST	E. 185	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP		
TITLE	D	[_] DELETE	2.1 1IT¢F		Change Addition
NAME	GINSBERG, SHELDON M	T 405	2.2 NAME		
STREET ADDRESS	4902 EISENHOWER BLVD., ST TAMPA FL	E. 193	2.9 STHEET ADDRESS		•
CITY-ST-ZIP TITLE	IAMFA FL	DETETE	2 4 CHY-S1-7IP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			3.2 NAME		Change Chagainn
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(1) Y - S1 - Z(P		
TITLE		DELETE	4.1 TILLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4 4 C(1) Y - \$1 - Z(P		
TITLE		☐ DELETE	5 1 TILLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP		
NAME			61 THLE		☐ Change ☐ Addition
STREET ADDRESS			62 NAME		
CITY+ST+ZIP			6.3 STREET ADDRESS		
14. I do hereb	by certify that the information supplies	d with this filing does not quali	■ 64 CrtY-S1-ZIP  Iv for the exemption stated	d in Section 119.07(3)(i), Florida Statutes	I further cortify that the
l am an of	a indicated on this annual tenott of i	Supplemental annual report is to the receiver or trustee embow	rue and accurate and that rered to <b>ex</b> ecute this renor	t my signature shall have the same lega! rt as required by Chapter 607, Florida St	affect on it media under a le attent