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 2808 GANDY BLV		Mailing Address 2908 GANDY BLVD	·		
TAMPA FL 33611 US		TAMPA FL 33611-2804 US			
				3. Date Incorporated or Qualified 01/02/1993	3a. Dale of Last Report 04/30/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		59-3157111	Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees
24	25		30	Florida Statutes	Yes 🗓 No
	9. Name and Address of Curre	nt Registered Agent	81 Nam	10. Name and Address of New Re	pistered Agent
11. Pursuant to	the provisions of Sections 607.05	i02 and 607.1508, Florida Statute	es, the above-named co	orpd ation submits this statement for the p	FL 85 Zip Code
SIGNATURE s	gnature your or printed notice of registered a	. Recones	rida Statutes. Begidered Agent signature rei 13.	ord ation submits this statement for the prairie is board of directors. I hereby acceptions between the properties of th	DATE
	B RECCHIO, ANTHONY	S MELETE) 	Change Addition
	2908 GANDY BLVD		1.2 NAME 1.3 STREET ADDRESS	Recchio, Amy 2908 Gardy Blvd,	
	TAMPA FL		1.4 City - St - 7iP	rampa, FL	
TITLE		DELETE	2.1 101.6		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2 4 C(1Y - S1 - Z)F 3.1 TITLE		Change Additio
NAME		_	32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - 7/P		
TITLE		☐ DELETE	4.1 TITLF		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DECETE	5 1 TITLE		Change Additio
NAME		- Pitter	52 NAME		C Suange C Adding
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 7IP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - Z IP		

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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 12 or Block 13. Changed, or on an attachment with an address

SIGNATURE:

FILED

May 13 1997 8:00am

Secretary of State