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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000017260 (9)

SELF-RELIANT, INC.

Principal	Place	of	Business
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## **FILED** Jul 01 1997 8:00am Secretary of State



rnncipai riaci	e or business	Mailing Address			1,10			
1872 CAROLINA AVENUE N.E. ST. PETERSBURG FL 33703		1972 CAROLINA AVENUE N.E. ST. PETERSBURG FL 33703-3410						
				3. Date Incorporated or Qualified 38. Date of Last Report 03/03/1993 07/25/1996			oorl	
2. Principal Place of Business 2a. Mailing		2a. Mailing Address	ing Address		4. FEI Number	J	Appl	led For
21		26			59-3172439		Not /	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Require				
City & State	В	City & State			6. Election Campaign Financing		\$5.00 M	lay Be
23		28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Countr	у	8. This corporation has liability for in			99.032,
24	25	[29]	30			Yes 🔲 N		
	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Rec	istered Age	int	
	BS, B. GRAY ESQ.			Name				
	SECOND AVENUE SOUTH TE 704		82	<u> </u>	ress (P.O. Box Number is Not Acceptable	e)		
<b>\$</b> T. 1	PETERSBURG FL 33701		83	3				
			84	City		FL	5 Zip Co	ode
agent. I a SIGNATURE	9 0 W 30 W	M			poration submits this statement for the pration's board of directors. I hereby accep	7 - Z 7	-97	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			IN 12
TITLE	P	☐ DELETE	1.1 TITLE				Change	Addition
NAME	ATKATZ, ARNIE		1.2 NAME					
STREET ADDRESS	1972 CAROLINA AVENUE N.E.		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33703		1.4 CITY-	ST-ZIP				
TITLE	ST	DELETE	2.1 TITLE	-		لسا	Change	Addition
NAME	ATKATZ, DOREEN		2 2 NAME					
STREET ADDRESS	1972 CAROLINA AVENUE N.E.			T ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33703	DELETE	2. 4 CITY	· ST · ZIP			06	Addition
TITLE		☐ DETELE	3.1 TITLE	1		ليا	Change	L_J Addition
NAME CONTEX ADDRESS			3.2 NAME	TADODECC				
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	31-41			Change	Addition
NAME			4 2 NAMI			_	g- 1	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CHY-					
TITLE		DELETE	5.1 TITLE				Change	Addition
HAME	l .		5.2 NAME	-				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY	S1-ZIP				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6 3 STHEE	T ADDRESS				
City-St-ZIP			6.4 CITY-	\$1 - 7/P				

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attraction of the corporation of the corp