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

DOCUMENT # P93000020252 (1)

JAMES V. STEWART, P.A.

Principal Place of Business 200 FIRST AVENUE NORTH SUITE 203 ST. PETERSBURG FL 33701		Mariling Address 200 FIRST AVENUE NORTH SUITE 209 ST. PETERSBURG FL 33701-3370					
Gr. FEIENSOL	, 10 1 E 00701	on reference to	action delic	3. Date Incorporated or Qualifie 03/17/1993	3a. Date of Last Rep 01/31/1996	ort	
2. Principa ¹ P	Pace of Business	2a. Mailing Address 26		4. FEI Number 59-3170522		ied For Applicable	
Suite, Apt.	. #, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Ad	ditional	
City & Stat	te	City & State		Election Campaign Financing Trust Fund Contribution	3 \$5.00 M Added to		
Zip	Country 25	Ζ(p)	Country 30	This corporation has liability to Florida Statutes			
<u> </u>	9. Name and Address of Curre			10. Name and Address of New			
STE	WART, JAMES V		81 Name			***************************************	
200	FIRST AVENUE NORTH TE 203		82 Street	Address (P.O. Box Number is Not Accep	otable)	· · · · · · · · · · · · · · · · · · ·	
	PETERSBURG FL 33701		83				
			84 City		FL 85 Zip Co	de	
office or i	registored agent or both, in the Sta am familiar with, and accept the ob- Stgnatice types or probabilities of high violate	ite of Florida. Such change w gallions of, Section 607.0505	vas authorized by the corp	corporation submits this statement for the poration's board of directors. I hereby act required when reinstating) ADDITIONS/CHANGES TO OF	ccept the appointment as re	gistered	
TITLE	D	D£LEYE	1.1 TITLE		Change	Addition	
NAME	STEWART, JAMES V		1.2 NAME				
STREET ADDRESS	200 FIRST AVENUE NORTH		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33701		1.4 CHTY-ST-ZIP				
THTLE		DELETE	2.1 TITLE		Change	Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
C-TY - ST - ZIP TITLE		DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change	Addition	
NAME		Enj paccie	32 NAME		La Onungo		
STREET ADDRESS			3 3 STREET ADDRESS				
C-TY - ST - ZIP			34 CITY-ST-ZIP				
TITLE		DETELE	4 1 TITLE		☐ Change	Addition	
NAME			4. 2 NAMÉ				
STREET ADDRESS			4.3 STREFT ACCRESS				
CHY-ST-ZIP		DELETE	4.4 CHY-ST-ZIP		Change	Addition	
TITLE NAME		F" DEIT IF	51 TITLE 52 NAME		Li ondrige	L. Addition	
STREET ADDRESS			53 STREET ADDRESS				
CITY - ST - ZIP			54 CITY-ST-ZIP				
TITLE		DELETE			☐ Change	Addition	
1	†			i			

6.3 STREET ADDRESS 6 4 CHTY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 of 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 is changed, or on an attachered with an address.

SIGNATURE:

STREET ADDRESS

FILED

Jan 14 1997 8:00am

Secretary of State