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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P93000024120 (6)

THE RIGHT SPIRIT CORPORATION

Principal Place of Business Mailing Address 118 8 WESTSHORE BLVD SUITE 231 118 S WESTSHORE BLVD SUITE 231 TAMPA FL 33609 TAMPA FL 33609-2539 3. Date Incorporated or Qualified 3a. Date of Last Report 03/29/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3174689 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z \phi$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WASHINGTON, CHARLES 2451 ATWELL COURT 82 **NEW PORT RICHEY FL 34656** 83 84 Zip Code 3 36 0 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. 96-60903 SIGNATURE of registered agent and title if applicat (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE DELETE 11 BILL Change Addition KOVALSKY, LORRAINE NAME 1.2 NAME 4506 W CARMEN ST STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE VSTD 2.1 TITLE Change Addition KOVALSKY, ROBERT JR NAME 2.2 NAME 4506 W CARMEN ST STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33609 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY- \$1 - 7IP DELETE TITLE 51 TITLE Change Addition NAME 52 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5 4 DITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

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, or on an attachment with an address.

Change

Addition

FILED

Apr 30 1997 8:00am

Secretary of State