SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024179 (2)

Principal Place 521 49TH ST I ST. PETERSBU	N	Mailing Addr 521 49TH ST ST. PETERSE US	N	10			DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPAC	E Last Re	
2 Principal Pl	ace of Business	2a. Mailing Address				 	03/30/1993 4. FEI Number	08/09/1996 Applied For		
21	add of boshibos	26					59-3173298 Not Applicable			
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 7		Additional
City & State	9		City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		Added t		
Zip	Country	Zip			untry		8. This corporation owes or has pa			- · I
24	9. Name and Address of Curre	29	nt	30	:		Personal Property Tax due June 10. Name and Address of New Re] No
TOA		III negistered Age			81	Name	10. Harris and Address of New No	Alereien väer		
TSAFFARAS, ANDREW P. JR 521 49TH STREET N					82		(D.O. D. Al	I-X		
4	PETERSBURG FL 33710					Street Add	ress (P.O. Box Number is Not Acceptab	ne)		
, ,					83					
					84	City		85	Zip (Code
		<u></u>						FL	<u> </u>	
11. Pursuant i	to the provisions of Sections 607.056 egistered agont, or both, in the State	02 and 607.1508, F e of Florida. Such c	londa Statut change was a	es, the a authorize	above ed by	-named cor the corpora	poration submits this statement for the partion's board of directors. I hereby accept	ourpose of char of the appointm	iging it: ient as	s registered registered
agent. I a	m familiar with, and accept the oblig	gations of, Section €	607.0505, Fi	orida Sta	itutes					
SIGNATURE	Signature, typed or printed name of registered ag	oout and the if applicable	(NOI	£ Registere	ed Ager	nt s-driature requ	red when reinstating)	DATE		
12. OFFICERS AND DIRECT							ADDITIONS/CHANGES TO OFFIC		ECTOR	S IN 12
TITLE	PD	L	DELETE	1.1]	ITLE				hange	Addition
NAME	TSAFFARAS, ANDREW P JR			1.2 N	IAME]
STREET ADDRESS	521 49TH ST N			1.3 S	STREET	ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		7		HTY-ST	- ZIP		, , , , , , , , , , , , , , , , , , , 		——————————————————————————————————————
TITLE		L	_ DELET E	21 T					Change	Addition
NAME				2.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DEI.ETE		CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·	hange	Addition
TITLE NAME		L	_ DULLUE	311 32 N				٠ ـــ	nange	Addition
STREET ADDRESS				1		ADDRESS				
l				1						
CITY-ST-ZIP TITLE			DELETE	411	CITY-S	1-211		П	hange	Addition
NAME		_		1	NAME	İ				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					HTY-ST					
TITLE			DELETE	511	ITLE				hange	Addition
NAME				5.2 N	IAME					
STREET ADDRESS				538	STREET	ADDRESS				
CITY-ST-ZIP				540	CITY-SI	- ZIP				
TITLE		- '[_	DELETE	6.1 T	IILE				hange	Addition
NAME				621	IAME					
STREET ADDRESS				6.3 S	STREET	AUDRESS				
CITY ST. 7ID				640	UTV ČI	710				

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 it prade 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.

CR2E034 (4/97

FILED

Sep 22 1997 8:00am

Secretary of State