## FILE 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 # P93000024423 (4)

Principal Place of Business Mailing Address 2915 SR 590 2915 SR 590 STE 21 STE 21 CLEARWATER FL 34619 CLEARWATER FL 34619-2545			45		
US		US		3. Date Incorporated or Qualified 04/01/1993	3a. Date of Last Report 03/15/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3180930	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country		[28]	T Country	Trust Fund Contribution	Added to Fees
Zip 24	25 Country	2ip	Country 30	8, 1his corporation has liability for Florida Statutes	inlangible tax under s 199.032, Yes <b>KX</b> No
	9. Name and Address of Curre			10. Name and Address of New Re	
291! STE	een, gary f 5 SR 690 : 21 :arwater fl 34619		81 Name  82 Street Add  83	ress (P.O. Box Number is Not Acceptat	95 Zin Code
11, Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or pointed mane of registered age		s, the above-named corporation and by the corporation of Statutes.	poration submits this statement for the ption's board of directors. I hereby accepted when registrating	purpose of changing its registered of the appointment as registered
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	DELLIE	1,1 1111.6		Change Addition
NAME	QUEEN, GARY F		1.2 NAME		ĺ
STREET ADDRESS	2915 SR 590 STE 21		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL DST	DELETE	1.4 C/TY+ S1 - Z/P		Change Addition
TITLE NAME	QUEEN, FRENCH W JR		2 1 TITLE 2 2 NAME		L] Change L] Addition
STREET ADDRESS	2915 SR 590 STE 21		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2 4 CHY-SI-ZIP		
TITLE	D	☐ DELFTE	3.1 10116		Change Addition
NAME	QUEEN, LAWRENCE E		3.2 NAME		· ·
STREET ADDRESS	2915 SR 590 STE 21		3 8 STHEET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELFTE	4.1 Till E		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP			4.4 CHTY - ST - 7/P		
TITLE		DELFTE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHTY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			G.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		Ì
CITY-ST-ZIP	1		6.4 CHY - \$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 armual 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 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.

French W.Queen, Jr., Treasurer

3/12/97

**FILED** 

Mar 14 1997 8:00am

Secretary of State

796-7123