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



POCUMENT # P93000025155 (1)

TILE NOW: I	FILING FEE AFTE								
CORPORATION ANNUAL REPORT Secretary of		FLORIDA DEPARTMEN Sandra B. Mor Secretary of S DIVISION OF CORPO	Mortham of State		Apr 18 1997 8:00a Secretary of Stat				
Principal Place of Business		155 (1)	-						
7126 YARLEY WAY TAMPA FL 33647	YARLEY WAY PA FL 33647-1210								
					 Date Incorporated or Qualified 04/02/1993 	J	te of Last Report 9/1996		
2. Principal Place of Business	2a. N	Mailing Address			4. FEt Number 65-0504231		Applied For Not Applica		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75 Additional		
City & State	28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24 25	29	Zip Country			8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes \(\square\) No				
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered Agent				
SPIRITI, JOSEPH A JR. 1001 S BAYSHORE DR SUITE 2410 MIAMI FL 33131					ess (P.O. Box Number is Not Acceptable)				
			84	,	poration submits this slatement for the p	FL	85 Zip Code		

84 City 85 Zip Code

office or r agent. I a	egistered agent, or both, in the State of Florida Such chan im familiar with, and accept the obligations of, Section 607.	ige was auth .0505, Florid	orized by the corp a Statutes.	poration's board of direc	tors. I hereby accept the	ne appointment as	registered
SIGNATURE	Signature, typed or printed name of registered agent and title if angle-pable.	(NOTE D	opicional Apont pignatura	regulred when reinstating)		DATE	
12,	OFFICERS AND DIRECTORS	(NOTE: N	13.		HANGES TO OFFICER		RS IN 12
TITLE		LETE	1.1 TITLE			Change	Addition
NAME	BROOKS, WARREN A		1.2 NAME				
STREET ADDRESS	7126 YARLEY WAY		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP				
TITLE		LETE	2 1 11TLE			Change	Addition
NAME	FRIESEN, ANTHONY L		22 NAME				
STREET ADDRESS	7126 YARLEY WAY		23 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		2 4 CITY-ST-ZIP				
TITLE	DE DE	LETE	3.1 TITLE			☐ Change	Addition
NAME.			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CiTY-\$T-ZIP			3.4. CITY-ST-ZIP				
TITLE	Do C	LETE	4.1 TITLE			• 🔲 Change	Addition
NAME			4. 2 NAME			,	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CiTY - \$1 - ZIP				
TITLE	DE	LETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CI1Y-S1-ZIP				
TITLE	DE	LETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

6.4 CITY - ST - ZIP 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 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.

FILED

Apr 18 1997 8:00am

Applied For Not Applicable