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

**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 28 1997 8:00am

ANNUAL REPORT  1997		Secretar	Mortham y of State ORPORATIONS	Secretary of State	
	MENT # P93000	0027651 (7)			
					1910 MILL (140) BAD (140) MIL (140)
Principal Place of Business 14 S. ARMENIA AVE. AMPA FL 33609		Mailing Address PO BOX 14304 TAMPA FL 33690-4304 US			
\$		US	•	3. Date Incorporated or Qualified 04/12/1993	\$a. Date of Last Report 01/22/1996
ר י	Place of Business	2a. Mailing Address	. 1 4	4. FEI Number 59-3181700	Applied For
Suite, Apt	. #, etc.	26 32// Vivy/ Suite, Apt. #, etc.	IN AVE THE	5. Certificate of Status Desired	Not Applicable
City & Sta	do	27 # 908 City & State	· .		Fee Required
City & Sin	ne	28 Janos	7/	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 2/ 00	Country	8. This corporation has liability for i	
	25   9. Name and Address of Curre		30 USA	Florida Statutes  10. Name and Address of New Re	Yes No gistered Agent
CUMMINGS, I J 3211 SWANN AVENUE			81 Name		
			82 Street Address	ess (P.O. Box Number is Not Acceptab	le)
TAMPA FL 33829			83	······································	11000gg, 110
			64 City		FL 85 Zip Code
office or agent T SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the obli- structure, typed or protect name of registered a		uthorized by the corporation of	oration submits this statement for the p on's board of directors. I hereby accep	ot the appointment as registered
2.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
l.F	DPT	DELETE	1.1 TITLE		Change Addition
kme Ireet aduress	CUMMINGS, I J 3211 SWANN AVE #908		1.2 NAME 1.3 STREET ADDRESS		
ng i waa kaa Ty-ST-ZiP	TAMPA FL		1.4 CITY-ST-ZIP		
ILI	DVS	☐ DELETE	2.1 TITLE	<u> </u>	Change Addition
ME.	BETHEA, ROBERT F III 3211 SWANN AVE #908		2 2 NAME		
REET ADDRESS LY-ST-24P	TAMPA FL		2.3 STREET ADDRESS  2. 4 Ctty-St-Zip		
ILE	77 467111	DELETE	31 TITLE		☐ Change ☐ Additio
Mí			3.2 NAME		
IREE LAFERIESS			3 3 STREET ADDRESS		
17 - SI - 71F 1,E		DELETE	3.4. CITY - ST - ZIP		☐ Change ☐ Additio
AVE		[_] bticit	4. 2 NAME		La change La rectito
IREFT ADDRESS			4.3 STREET ADDRESS		
1Y - S* - ZIP			4.4 CITY-ST-ZIP		
ITF		[] DELETE	5.1 TITLE		Change Additio
AME Horee annocce			5.2 NAME		
IREET ACHDRESS TY+S1+74P			5.3 STREET ADDRESS 1 5.4 CITY-ST-ZIP		
Iti		☐ DELETE	6.1 TITLE	ه خریری ته رویی داری بروی های بروی و این	Change Additio
AME			6.2 NAME		
THEFT ADORESS			6.3 STREET ADDRESS		
	the carlife that the information commit	and with this filing does not could	64 CITY-ST-ZIP	in Section 119 07/2ViV Elevido Statuto	e I further cortify that the
informati Lam an	on indicated on this annual report or	supplemental annual report is troor the receiver or trustee empower	y for the exemption stated ue and accurate and that ered to execute this repor	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega t as required by Chapter 607, Florida S	I effect as it made under oath;