## 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

## POCUMENT # P93000028426 (3)

FLORIDA	A GLAZIE	RY, IN	<b>)</b> .							1		(8) <u>(8) (8) (8) (8) (8)</u>	HE 2010 1201
Principal Place of Business 39964 U.S. HWY. 19 NORTH TARPON SPRINGS FL 34689				Mailing Address 2680 HUNT RD TARPON SPRINGS FL 34689-733\$ US									
										<ol> <li>Date Incorporated or Qualified 04/16/1993</li> </ol>		Date of Last F 1/23/1996	Report
2. Principal P	Place of Busin	ness		2e. Mailing Address 26						4. FEI Number 59-3182701			pplied For
Sulte, Apt.	. #, etc.			Suite, Apt. #, etc.								~ <del>~~</del> ~~	lot Applicable Additional
22				27					5. Certificate of Status Desired		•	Required	
City & Stat	te			City & State					6. Election Campaign Financing \$5.00 May Be				
<b>23</b> Zip		Cour	olev	28 Zip		Cou	nlev			Trust Fund Contribution			to Fees
24	i	25		29		30	i iti y			8. This corporation has liability for Florida Statutes	intangib ]] Yes		s. 199.032,
	9. Name		ress of Current		gent	1301				10. Name and Address of New Ro			
	ÆLING, ALI						81	Name		** *** *** *** *** *** *** *** *** ***			
	O HUNT RO						82	Street A	Address	dress (P.O. Box Number is Not Acceptable)			
TAR	rpon sprim	NGS FL	34689						,				
						ļ	83						
							84	City			F	<b>85</b> Zip	Code
11. Pursuant office or r agent. La SIGNATURE						les, the at authorized orida Stat	ove d by utes	e-named c r the corpo s.	corpora oration'	tion submits this statement for the 's board of directors. I hereby acce	purpose of the ap	of changing i opointment as	its registered s registered
12.	Signature, typed	or printed na	OFFICERS AND		o'e (NO1	Fingislated	Age	ni signalure r	roquired w	dico reinstating) ADDITIONS/CHANGES TO OFFI	DATE	ND DIDEOTO	DC 0140
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CITY-ST-ZIP	TARPON	SPRING	S FL 34689			1.4 01	IY - 5	1 - Z(P					
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NAME						6.2 NA							ļ
STREET ADDRESS	ł					6.3 \$1	KEE1	ADDRESS					

6.4 CITY-S1-ZIP

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 this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect 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 phanged or on argulatement with an address.

MILES VINE VALLE AN (PARACING PRES UP day

FILED
May 09 1997 8:00am
Secretary of State