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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000028876 (9)

FILED May 13 1997 8:00am Secretary of State

i. Corporation	/ASª CUL'	TURE CENTER	, INC. Ma 577	Mailing Address 5775 S ROVAN POINT LECANTO FL 34461-8735						
							3. Date Incorporated or Qualified		te of Last Ro	eport
ı							04/20/1993	08/0	06/1996	ļ
2. Principal Pl	lace of Busin	oss	·····	2s. Mailing Address			4. FEI Number			phod For
Suite, Apt.	# etc		26	Suite, Apt. #, etc.			59-3175337		\$8.75 A	t Applicable
22	, 0.0.		1.1	[27]			5. Certificate of Status Desired		Fee Re	
City & State	9			City & State			6. Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution		Added t	
Zip		Country	F1	Zιμ	Country	'	8. This corporation has liability for			199.032,
24 25 25 25 26 20 20 20 20 20 20 20 20 20 20 20 20 20			29 30			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
Name and Address of Current Registered Agent KIERZYNSKI, MICHAEL J						Name	(U. Name and Address of New N	- gisterou A	(gent	·
5143 COMMERCIAL BLVD SPRING HILL FL 34606					82	0				
						Street Add	ress (P.O. Box Number is Not Accepta	.ble)		
		_ •							=	*
				84 0		City			85 Zip C	Code
								FL		
office or ri agent. I a	to the provisi egistered ag m familiar wi	ions of Sections 607 jent, or both, in the S th, and accept the o	.0502 and 60 State of Florid Ibligations of,	7.1508, Florida Stati a. Such change was Section 607.0505, F	ites, the abov authorized by lorida Statute	e-named corj y the corpora s.	poration submits this statement for the tion's board of directors. I hereby according	purpose of opt the appo	changing its pintment as	s registered registered
SIGNATURE	Streeture typed	or printed name of registers	ort agent seed title o	DA) oblic struct	ID Registrored Am	nal Signature requi	ired when reinstating)	DATE		
12.	agrana () ()		AND DIRLC		13.		ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
TITLE	D			DELETE	1.1 THLE				Change	Addition
NAME				1,2 NAME						
STREET ADDRESS 5775 S ROVAN POINT LECANTO FL 34461				1.3 STREET ADDRESS						
CITY-ST-ZIP	LECANIC) FL 34461		DELETE	1.4 CITY - 5	31-719			110	
TITLE				L) DELETE	2.1 1111.1				L Change	Addition
NAME Street address					2.2 NAME 2.3 STREET	ADORECO				
City-St-ZIP					2.3 SIRECT	1				ĺ
TITLE				DELETE	3 1 THLE	31 11		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME					3.2 NAME					
STREET ADDRESS					3.3 STREET	ADDRESS				{
CITY-ST-ZIP					3.4 CI1Y-	ST 7IP				
TITLE				DELETE	4 1 TITLE				☐ Change	Addition
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET					
CITY-ST-ZIP TITLE	<u> </u>			DELETE	4.4 CHY- S 5.1 THLE	51 · 78P			Change	Addition
NAME					5.2 NAME	1			c.xingo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS					5.3 STREET	ADURESS				
CITY-ST-ZIP					5 4 CHY 5					
TITLE				DELETE	61 THLE				Change	Addition
NAME					62 NAME					
STREET ADDRESS					63 STHEFT	ADDRESS				ļ
CITY-ST-ZIP		 	action is see	a Commence de la comm	6.4 CITY- 5	ST- ZIP	d = 0 - 1 - 4(0.07(0V)			·

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 supplicated an invalid report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.