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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000032049 (7)

FILED Apr 01 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 2536 COUNTRYSIDE BLVD. CLEARWATER FL 34623 NOTE: CLEARWATER FL 34623-1633								
					3. Date Incorporated or Qualified 04/30/1993		of Last R /1996	leport
·	Place of Business	2a. Mailing Address			4. FEI Number			oplied For
Suite, Apt.	# elc	Suite, Apt. #, etc.			59-3204930		\$8.75	ot Applicable
22	11, 10.00	27			5. Certificate of Status Desired		Fee Re	
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	
Zip 24	Country	Zip 29	30	ntry	8. This corporation has liability for Florida Statutes	intangible ta 1 Yes 🔲		. 1 9 9.032,
24	25 g. Name and Address of Curi		[30]		10. Name and Address of New Re			
DOL	JONA, HEATHER L		,	81 Name	· ·	<u> </u>		
	8 COUNTRYSIDE BLVD.			82 Street Ad	dress (P.O. Box Number is Not Acceptate	ole)		
	th floor							
CLE	ARWATER FL 34823			83				
				84 City		FL	85 Zip (Code
office or l agent 1 a	to the provisions of Sections 607.0 registered agent, or both, in the Starn familiar with, and accept the ob	ate of Florida. Such change w digations of, Section 607.0505	as authorize	a by the corpor	ration's board of directors. I hereby accep	pt the appoi	ntment as	registered
SIGNATURE	Signature typed or preced name of registered				guired when reinstating)	DATE		
		agent and title if applicable. (DATE		
SIGNATURE	OFFICERS A	agent and little if applicable.	(NOTE: Registere	d Agent algnature rec	ulred when reinstating)	DATE CERS AND D		
SIGNATURE 12. THUE NAME	OFFICERS A PDST BOESCH, GARY R	agent and title if applicable. (NOTE Registere 13. 1.1 Ti	d Agent algnature rec TLE	ulred when reinstating)	DATE CERS AND D	DIRECTOR	IS IN 12
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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 africal 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 projection or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 23 if chyinged, or an additional management of the receiver of the project o

SIGNATURE

ATURE AND TYPE D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary R. Boesch, Pres

3/6/97 (813)726-0726

Daytime Phone #