SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

		# P93UUC IONAL HOMES,		9002 (7)							
Principal Place of Business				Mailing Address				-{	III BBAI BIB	HE DEFIL EQUIL EBHAI	1
14163 - 102 AVENUE NORTH				110 HANNOVER DRIVE							
LARGO FL 34644				B201				DO 1107 14/DI		0.004.00	
us				ST. CATHARINES, ONTARIO L2W 1-4 CA				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report			
			VA.	ı	Λ			07/05/1993	1		чероп
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	1 04	/23/1996	pplied For
21				26				NOT APPLICABLE Not Applied For			· · · · · · · · · · · · · · · · · · ·
Suite, Apt. #, etc.				Suite, Apt. #, etc.							Additional
22				27				5. Certificate of Status Desired			beriupe
City & State				City & State				Election Campaign Financing Trust Fund Contribution			May Be
Zip				Zip Co			·	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible			
24	25			29 30				Personal Property Tax due June 30. Yes No			
	9. Name s	stered Agent				10. Name and Address of New I			-		
SCHNEIDER, CHIP						1	Name				
14163 - 102 AVENUE NORTH				1		2	Street Addre	Address (P.O. Box Number is Not Acceptable)			
LARGO FL 34644											
					8	3					
					ä	4	City			. 85 Zip	Code
11 Durament to the acculations of Contine - 207 0000 - 1 007 4000 F									F		
1	registered age am familier with	int, or both, in the State n, and accept the oblig	of Flori ations o	da. Such change was f, Section 607.0505, Fi	ies, the abc authorized lorida Statul	by es	the corporation	pration submits this statement for the on's board of directors. I hereby acc	purpose ept the ap	of changing if ppointment as	ts registered registered
SIGNATURE	Signature, typed o	r printed name of registered ag	ent and title	if applicable. (NO)	TE: Registered A	aer	nt signature require	d when reinstating)	DATE		
12.		OFFICERS AN			13.			ADDITIONS/CHANGES TO OFF		ND DIRECTOR	RS IN 12
TITLE	P			DELETE	1.1 TITLE					Change	Addition
NAME		, WALLACE C			1.2 NAM	E					
STREET ADDRESS				1.			ADDRESS				
CITY-SY-ZIP		RINES, ONTARIO			1.4 CITY	- \$1	- ZIP				
TITLE	VPD	W DODEDT A		☐ DELETÉ	2.1 TITLE					L Change	Addition
NAME	ZAHORCHAK, ROBERT A										,
STREET ADDRESS	OF OUTHDINGS ON						ADDRESS				
CITY-ST-ZIP TITLE	SI. CAIRA	MINES ON		DELETE	2. 4 CITY	_	T- ZIP			Channe	1.4400
NAME				- Decent	3.1 TITLE 3.2 NAM					L Change	Addition
STREET ADDRESS]				3.3 STRE		ADDRECC				
CITY-ST-ZIP					3.4. CITY			ı			
TITLE				DELETE	4.1 TITLE		1-211			Change	Addition
NAME					4. 2 NAM						
STREET ADDRESS					4.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP					4.4 City	ST	- ZIP				
TITLE				DELETE	5.1 TITLE					☐ Change	Addition
NAME					5.2 NAM						
STREET ADDRESS					5.3 STRE	ET A	address				-
CITY-ST-ZIP					5.4 CITY	ST	- 21P				
TITLE				☐ DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAM						
STREET ADDRESS					6.3 STREET ADDRESS						
CITY-ST-ZIP					6.4 CITY	ST	- 21P				

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 execution with an address.

8.6.47

(905) 186. aug

FILED

Aug 12 1997 8:00am

Secretary of State