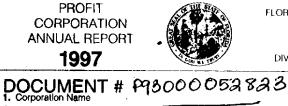
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



CARROLLWOOD PROFESSIONAL CENTER, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

97 JUL 30 AM 9:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	,

Carr	ollwood office	Systems	Inc.		
	ce of Business	Mailing Address	<u> </u>		
9261 LAZY LA		9261 LAZY LANE			
TAMPA FL 33		TAMPA FL 33614	Ann Ballar	DO NOT WOITE	IN THIS SOACE
	Ann Ballard Rd			2 Data Incorporated or Qualified	3a. Date of Last Report
	pa F/ 33634 Place of Business		ze, F/33634	01/09/1996 8/61/93	Sa. Date of Last Report
2. Principal 1 21 7 70	4 Ann Balked Ra	2a. Mailing Address	An 10 11 1	4. FEI Number	Applied For
Suite, Apt.		26 7 70 4 Suite, Apt #, etc.	/ I'm By/W/II I	<u> </u>	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te ~ /	Cily & State	~')	6. Election Campaign Financing	\$5.00 May Be
23 Tan	pe, F(28 / ampa	<i>F-1</i>	Trust Fund Contribution	Added to Fees
^{Zip} 33	634 Country	79-21/11	Country	8. This corporation owes or has pa	id the current year Intangible
24	<u>* 25 </u>	129 0363 9	30 (1)	Personal Property Tax due June	
-	9. Name and Address of Current		04 1	10. Name and Address of New Re	gistered Agent
HE		Eric Klee			
_ -601	I EAST TWIGGS STREET	5107 Naturei	OCIK 182 Street Add	lress (P.O. Box Number is Not Acceptab	le)
~ 5 0		mp2, F/ 33		· · · · · · · · · · · · · · · · · · ·	
~ 170	WPA FL 93602 (a.	inge it so	0 2 7 83		
•		•	84 City		85 Zip Code
44 Durament	to the provision of Costions CO7 0500				
office or i	registered agent, or bettly in the State of	and 607.1508, Florida Stati If Florida. Such change was	ules, the above-named corp authorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered If the appointment as registered
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Statutes.	-//-	the appointment do regiote but
SIGNATURE	Signature, typod or pointed name of vegethered agent	C.		7/21/97	
12.	OFFICERS AND		Pt Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIDECTORS IN 46
TOTLE	President	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	Eric Klee		1.2 NAME		C cumildo C Modition
STREET ADDRESS	15107 Notureun	IK Dr.	1.3 STREET ADDRESS		
CITY-ST-ZIP	Tampa F1 33	174	1.4 City - ST- ZiP		
TITLE	Vice President	DELETE	2.1 1111.6		Change Addition
NAME	W. Comment	lung Phillips	2.2 NAME		
STREET ADORESS	Tampa, Fl	The mary	2.3 STREET ADDRESS		i
CITY-ST-ZIP	7509 NOCK POLY	7 7945C, 2 532 55 7	2. 4 CITY-ST-ZIP		
TITLE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME	8000022	087382
STREET ADDRESS			3.3 STREET ADDRESS	-10/617	3701074004
CITY-ST-ZIP			34. CHY-ST-ZIP	*****165	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		. •
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME \			5.2 NAME		
STREET A PRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	a	Change Addition
NAME			6.2 NAME	N Ki	2 /2
STREET ADDRESS			63 STREET ADDRESS	W	2/30/4°
CITY-ST-ZIP	<u></u>		6.4 C/TY-ST-7/P		W.

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 acciver 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 attachment with an address.