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



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PROFIT CORPORATION ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandre B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 21 1997 8:00an Secretary of State	
	REET NORTH	м 20	7521 (5) alling Address 50 59TH STREET NOR EARWATER FL 34620-			
	,				3. Date Incorporated or Qualified 08/17/1993	3a. Date of Last Report 05/01/1996
2, Principal P	lace of Business	2a. 26	Mailing Address		4. FEI Number 65-0429358	Applied For Not Applicab
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2 City & State		27	City & State			Fee Required
3		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Count	y 29	Zip	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
<u> </u>		ss of Current Regis	tered Agent	81 Name	10. Name and Address of New Re	
11. Pursuant office or ragent. I a	to the provisions of Soc egistered agent, or bot m familiar with, and acc	tions 607.0502 and 6 h, in the State of Flori cept the obligations o	07.1508, Florida Statt da. Such change was f, Section 607.0505, F	des, the above-named co a authorized by the corpor lorida Statutes.	rporation submits this statement for the pation's board of directors. I hereby acce	FL 85 Zip Code purpose of changing its registered the appointment as registered
	Signature, typed or printed name			OTE: Registered Agent signature req		DATE
12.	PTD	OFFICERS AND DIREC	DELETE	13. 1.1 THLE	ADDITIONS/CHANGES TO OFFICE	Change Additi
NAME	PATEL, P J	TAIODYII		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	2050 58TH STREE CLEARWATER FL			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	SD		DELFTE	2.1 TITLE		Change Addit
NAME OTDEET + DODESOR	PATEL, PARUL P 2050 58TH STREE	T NADTH		2.2 NAME		
stréet adoress city-st-zip	CLEARWATER FL			2.3 STREET ADORESS 2.4 CITY - ST - 7/P		
TITLE			DELETE	3 1 TITLE		Change Addit
NAME Street address				3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP				3 4. CITY-ST-ZIP		
TITLE			☐ DÉLETE	4.1 TITLE		☐ Change ☐ Addit
NAME STREET ADDRESS				4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			Dec Fre	4.4 City-St-zip		(a)
NAME			DELETE	5.1 TITLE 5.2 NAME		Change Addit
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	5.4 CITY-S1-ZIP		Change Addit
TITLE NAME			FJ Officia	6.1 TITLE 6.2 NAME		EJ Onange EJ Addit
STREET ADDRESS	•			6.3 STREET ADDRESS		
CITY OF TID				£ 4 CITY CT 7/D		

4.1 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 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 changed, or on an attachment with an address.

PRAVIN

813-531-1127

FILED