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PROFIT CORPORATION ANNUAL REPORT

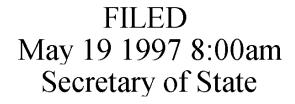


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000062974 (9) BUSINESS VENTURES OF TAMPA BAY, INC.





Principal Place	e of Business	Mailing Address	Mailing Address			T ARDONOOT NO TOLOG ANNA BOAN BONN BONN BONN BONN BANNO DINCO PROFE ICHAA ICON DIDI ROOM			
4625 EAST BAY DR. SUITE 305 CLEARWATER FL 34624		4625 EAST BAY DR. SUITE 305 CLEARWATER FL 34624-5							
ODERNWATER	1 F 44064	OBERTATION TO STORY O	,,,,			3. Date Incorporated or Qualified 09/09/1993	3a. Date 04/08		Report
2, Principal Place of Business 21		2a. Mailing Address 26	2a. Mailing Address 26			4, FEI Number 59-3200114	Applied For Not Applicable		
Suite, Apt.	#, elc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	0	City & State	· — — ·			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zφ	Cou	Jnlry	,	8. This corporation has liability for i		x under s	
24	25	29	30	,—-			Yes 🗌		
	g, Name and Address of Currer	it Registered Agent		81	Name	10. Name and Address of New Re	gistered Ag	ent	
	BER, RUSSELL C			۱°'	Name				
4625 E. BAY DR., SUITE 305 CLEARWATER FL 34624				82	Street Ac	dress (P.O. Box Number is Not Acceptable)			
VIII	THURSDAY & GIVET			63					
				84	City		FI I	85 Zip	Code
de Discount	to the needsland of Continue COZ DEC	22 and COZ 15 00 Figure Plat	dee dhe e	Ĺ			FL		
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorize Ionda Sta	d by lute:	/ the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	t the appoir	ilment as	registered
SIGNATURE	Signature, typod or printed trame of registered age	cot and title if applicable (NC	D'E Registere	ed Age	ent signature re	quired when reinstailing)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTO	RS IN 12
TITLE	P	☐ DELETE	117	ITLE				Change	Additio
NAME	MITTS, W. CRAIG		1.2 N	AME					
STREET ADDRESS	8613 PINETREE DR S		1,3 \$	TREET	ADDRESS				
CITY-ST-ZIP	SEMINOLE FL				1 - ZIP				
TITLE	V DIFFE		2.1 TITLE		ļ		Ļ] Change	L Additio
NAME	RUSSELL C BIEBER		2.2 N			•			
STREET ADDRESS	3111 HYDE PARK DRIVE				ADDRESS				
CITY-ST-ZIP	CLEARWATER FL	T pri tite			ST-ZIP			1 Channe	C Addition
TITLE	MITTE W CDAIG	DÉLETE	3.1 T				. L	_ Change	Additio
NAME	MITTS, W. CRAIG 8613 PINETREE DR S		3.2 N		*nonron				
STREET ADDRESS CITY+ST-ZIP	SEMINOLE FL				ADORESS				
TITLE	S	☐ DELFTE	3.9. U		ST-7IP			Change	Additio
NAME	RUSSELL C BIEBER		4.21				_	2	
STREET ADDRESS	3111 HUDE PARK DR		1		ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		1		31-21P				
TITLE	A marie at 12.22 de marie e de	DELETE	5.1 7					Change	Addition
NAME			52 N					-	
STREET ADDRESS					ADDRESS				
City-ST-ZIP					31 - ZIP				
TITLE		DELETE	6.1 T					Change	Addition
NAME			6.2 N	AME	1			-	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					61 - ZIP				
	by cartify that the information symptic	d with this films done not aus				ted in Section 119 07(3)(i). Florida Statute	e Liurthor co	orlify that	l tho

too nereby certify that the information supplied with this tiling does not quality 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 oath; that I am an officer or director of the corporation or the preciver 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 chapted, or or an attachment with an address.