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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business Mailing Address 2040 IMPERIAL WAY CLEARWATER FL 34624 US DOCUMENT # P93000065728 (6) Mailing Address 2040 IMPERIAL WAY CLEARWATER FL 34624-2569 US					
				3. Date incorporated or Qualified 09/16/1993	3a. Date of Last Report 04/23/1996
· ·	ace of Business	2a. Malling Address	C 3186	4. FEI Number	Applied For
Suite, Apt	#. etc.	26 1 . O . DO . Suite, Apt. #, etc.	03160	59-3206786	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State 28 (Leaewa	Joe El	6. Election Campaign Financing	\$5.00 May Be
23	Country	Zip C V Parewa	Country	Trust Fund Contribution 8. This corporation has liability for	intangible tax under s. 199 032
24	25	29 34630	30 Pinellas		☐ Yes 【XINo
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Re	gistered Agent
	JE MAC DAVIS, JR.		81 Name		
2040 IMPERIAL WAY CLEARWATER FL 34624			82 Street Addr	ass (P.O. Box Number is Not Acceptal	ple)
	MINISTER I E OTVET		83		
			84 City		85 Zip Code
	I G AOR OCO	0 1007 4500 5 11 011		oration submits this statement for the p	FL
SIGNATURE	Signature Typed or primed name of registered ag-	ent and little if applicable (NOTE	Registered Agent signature require		DATE
12.	OFFICERS AN	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
NAME	DAVIS, WILLIE MAC JR.		1.2 NAME		
STREET ADDRESS	2040 IMPERIAL WAY		1.9 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL	T I DELETE	1.4 CITY-SY-ZIP 2.1 TITLE		Change Addition
TITLE NAME	DST Cooper, Bradley G	occen	2.2 NAME		C Charge C Addition
STREET ADDRESS	2040 IMPERIAL WAY		2.3 STREET ADDRESS	•	
CITY-ST-ZIF	CLEARWATER FL		2.4 CITY - ST-ZIP		
TIFLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME CMOSSE ASSOCIATION			32 NAME		
STREET ADDRESS CITY+ST+ZIP			3.3 STREET ADDRESS 3.4. City-St-Zip		
TITLE		☐ D€LETE	4.1 TITLE	Make we	Change Addition
NAMÉ			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME.		- Decert	5.2 NAME		El comigo El vidación
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZIP			5.4 City-St-Zip		
1:TLE		☐ DELETE	6.1 TITLE		Change Addition
NAME exect transce			6.2 NAME		
STREET ADDRESS CITY+ST-ZIP			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. I do hereb	by certify that the information supplie	d with this filing does not qualify	for the exemption stated	in Section 119.07(3)(i), Florida Statute	es. I further certify that the
informatio	a indicated on this appual concet or a	supplemental populat report is tr	un and percurate and that	my signature shall have the same lega t as required by Chapter 607, Florida	al Attaal ac if made under activities