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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000068391 (0)

FILED Apr 23 1997 8:00am Secretary of State

Principal Place of Business  Mailing Address  4801 37TH STREET SOUTH ST. PETERSBURG FL 33711  Mailing Address  ST. PETERSBURG FL 33711									
					3. Date Incorporated or Qualified 10/01/1993		Date of Last R <b>/26/1996</b>	eport	
	Place of Business	2a. Mailing Address	- <del>/</del>		4. FEI Number		h	oplied For	
Suite, Ap	ot #. etc	Suite, Apt. #, etc.		-	59-3202017  5. Certificate of Status Desired		\$8.75 /		
City & St	ate	City & State			6. Election Campaign Financing		\$5.00	May Be	
<b>23</b>	Country	28 Z <sub>(p</sub>	Cod	ıntry	Trust Fund Contribution  8. This corporation has liability for	r intangib	Added to tax under s		
24	25 9. Name and Address of Cu	29	30	T	Florida Statutes  10. Name and Address of New R		No No		
ሶስ	NOVER, MARK W	irreilt negisteren Agent		81 Name	10. Name and Address of New Fi	oğısta e	/ Ayon		
480	1 37TH STREET SOUTH PETERSBURG FL 33711			82 Street Ad	ddress (P.O. Box Number is Not Accepta	ıble)			
				84 City		F	<b>85</b> Zip i	Code	
SIGNATURE	Signature, typied or printed name of registers	of agent and title if applicable (N	OTE Registore		corporation submits this statement for the oration's board of directors. I hereby accompanied when reinstating)	DATE			
12.	OFFICE RS	AND DIRECTORS  DELETE	13. 1.1 T	nt c	ADDITIONS/CHANGES TO OFF	ICERS A	Change	Addition	
NAME STREET ADDRESS	CONOVER, MARK W		1.2 N				onango	, , , , , , , , , , , , , , , , , , ,	
C-TY - ST - ZiP	ST. PETERSBURG FL 3371	1		ITY-ST-ZIP					
TITLE NAME	D CONOVER, BRENDA J	☐ DELETE	2.1 T 2.2 N				Change	Addition	
STREET ADDRESS	4801 37TH STREET S.	4	2.3 \$	TREET ADDRESS					
CHY-SI-ZIP TIILE	ST. PETERSBURG FL 3371	DELETE	311	ITLE			Change	Addition	
NAME				AME			•		
STREET ADDRESS	5			TREET ADDRESS					
City-St-7P Title		☐ DELETE	3.4.4 4.1 T	CITY-ST-ZIP			Change	Addition	
NAME				NAME					
STREET ADORES	5		4.3 \$	TREET ADDRESS					
CI1Y-ST-2IP			4.4 0	ITY-ST-ZIP					
TIFLE		☐ DELETE	5.1 T	ITLE			☐ Change	Addition	
NAME			5.2 N	AME					
STREET ACCRESS	\$		5.3 8	TREET ADDRESS					
Cilia - Sa - Mis	<u> </u>			SITY-ST-ZIP			F125		
11/1.6		☐ DELETE	6.1 T				Change	Addition	
NAME				AME					
STREET ADDRESS	5.			TREET ADORESS					
CITY - ST - 7IP			6.4 (	TY-ST-ZIP					

14. I do noreby 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 oath; that I am an officer or director of the corogration 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 granged, or on an attentioner, with an address.

SIGNATURE:

SNATURE AND TYPED OR PRINTED TAME

Uenarchied

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