PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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

1997 P

OCUMENT # Corporation Name	P93000	070321	(3)
	. =		

Principal Piac P.O. BOX 1503 PALM HARBOR		Mailing Address P.O. BOX 1503 PALM HARBOR FL 34682-1	503		
US		US			
				3. Date Incorporated or Qualified 3. 10/11/1993	06/25/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3204491	Not Applicable
Suite Apt.	#, etc	Suite, Apt. #, etc.			eo 75
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e ·	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intal	
24	9. Name and Address of Current		301	Florida Statutes	s No
AMF	ENDOLA, ANTHONY J.	Trogramme Trans	81 Name	10, 110110 0110 11011	4100 (13011
	5 BRENT PLACE		00 01		
	SECOND AVE S		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
PAL	M HARBOR FL 34683		83	**************************************	
			04 04		Total Tax Code
			84 City		FL 85 Zip Code
	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	P and 607.1508, Florida Statute of Florida. Such change was a tions of, Section 607.0505, Flo	es, the above-named corporal authorized by the corporal arida Statutes.	poration submits this statement for the purp tion's board of directors. I hereby accept th	ose of changing its registered e appointment as registered
SIGNATURE	Signature hypodici printed name of registered agen	t and life if applicable. (NOTE	Registered Agent signature requi	red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
THEF	FRANGOS, JOHN J	☐ DELETE	1.1 TITLE		Change Addition
NAME	2085 BRENT PL		12 NAME		
STREET ADDRESS	PALM HARBOR FL		1.3 STREET ADDRESS		
CHY-ST-ZIP	VP	DELETE	1.4 City-St-ZiP		Change Addition
THUE NAME	AMENDOLA, ANTHONY J	ר"ו טרוניונ	2.1 TITLE		C CHANGE WORKER
STREET ADDRESS	2609 GLENDOLA RD		2.2 NAME 2.3 STREET ADDRESS		•
Caty-St-ZiP	WALL NJ				+
THEF	ST	DELETE	2.4 GHY-ST-ZIP 3.1 HTLE		Change Addition
NAME	AMENDOLA, DIANA FELICIAN		32 NAME		
STREET ADORESS	2609 GLENDOLA RD.		3.3 STREET ADDRESS		
CITY-ST-7:P	WALL NJ 07		3.4. CITY - ST - ZIP		
DILE		☐ DELETE	41 TITLE		Change Addition
NAME	1		4. 2 NAME		
STREET ACCIDESS			4.3 STREET ADDRESS		
CHY-ST-7IP			4.4 CITY - ST - ZIP		
TITLE	}	DELETE	51 TITLE		☐ Change ☐ Addition
NAME	}		5.2 NAME		
STREET ADORESS	(5.3 STREET ADDRESS		
CITY ST-ZIP			54 CITY-ST-ZIP		
Mit)	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	}		6.2 NAME	: ·	
STREET ADDRESS	}		6.3 STREET ADDRESS		
CITY ST-ZIP	1		6.4 CITY-ST-ZIP		

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 agreed 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 comporation or the receiptrify fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in hald id. or on an application an address.

SIGNATURE:

FILED

Apr 10 1997 8:00am

Secretary of State