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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000070384 (1)

CITRUS Principal Place 7601 EHRLICH TAMPA FL 336	ROAD	Mailing Address 1204 COUNTRY CLOSE DI LUTZ FL 33549-8320 US	R	······································				
		00			3. Date Incorporated or Qualified 10/11/1993		of Last Re 3/1996	port
	lace of Business	2a. Mailing Address			4. FEI Number		Ар	plied For
21 760	4 Hwy 41	26			59-3204755			t Applicable
Suite, Apt.	#, eld.	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re	
City & Stat	Fz FL	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	May Be
Z <sub>(j)</sub>	Country 1	Zip	Country		8. This corporation has liability for			199.032,
24 335		29	30			Yes X		
	9. Name and Address of Curren	it Hegistered Agent	81	Name	10. Name and Address of New Re	Bisteled VO	ent	
	NOZ, JUAN 4 COUNTRY OLOGE DR							
	4 COUNTRY CLOSE DR Z FL 33549		82	Street Add	ress (P.O. Box Number is Not Acceptab	ile)		
LOI	2. 1 1. 33378		83	,				
			84	0.5			A=1 7/n /	O- #0
				City		FL	85 Zip (	
11. Pursuant office or ragent La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligi	12 and 607.1508, Florida Statuti of Florida. Such change was a ations of, Section 607.0505, Florida	es, the above authorized by orida Statutes	e-named corg the corporat i.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of ci at the appoir	nanging its ntment as	s registered registered
	Signature, typed or punied name of registered age			ni signature requi	red when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PTSV Galecki, Diane	☐ DELETE	1.1 TITLE			L.,	Change	Addition
NAME STREET ADORESS	1204 COUNTRY CLOSE DR		1.2 NAME 1.3 STREET	ADDRESS				
CITY-ST-ZIP	LUTZ FL		1.4 CITY-S	1				
TITLE	201212	DELETE	2.1 TITLE	1-20			Change	Addition
NAME			2.2 NAME	ĺ				
STREET ADORESS			2.3 STREET	ADDRESS				
CITY - ST - 7IP			2. 4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			L.	Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CHY-ST-7IP		Deter	3.4. CITY - 5	ST-ZIP			Change	Auldbio
TITLE		DELETE	4.1 TITLE			L.	T cusude	Addition
NAME CARLLA ANDRESCO			4. 2 NAME 4.3 STREET	ADDOLGG				ļ
STREET ADDRESS			4.3 STREET					
CHY-ST-Z#		DELETE	5.1 TITLE				Change	Addition
NAME			52 NAME				-	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY+\$1+ZIP			5.4 CITY-S					
TITLE		DELETE	6.1 TITLE			T.	Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
P. D. 67 315	<b>'</b>							,

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 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.

SIGNATURE:

**FILED** 

Apr 24 1997 8:00am

Secretary of State