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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085231 (7)

PRINTING PROFESSIONALS & PUBLISHERS, INC.

for the form

97 JUN 20 AM 7: 46

SECRETARY OF STATE TALLAHASSEE FLORIDA



Principal Place of Business	Mailing Address			I 10011901 119 10600 11111 90414 0464 0461	E MATON ORIGIN BITTO NICON NICON NOME CONT
803 - 17TH AVE. W BRADENTON FL 34205 US	803 - 17TH AVE. W. BRADENTON FL 34205-7608 US				
				 Date Incorporated or Qualified 12/14/1993 	3s. Date of Last Report 05/01/1996
2. Principal Race of Business	2a. Mailing Address			4. FEI Number	Applied For
26				65-0474666	Not Applicable
Suite, Apt #,-etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Coun	try	8. This corporation has liability for	- I
		30]			Yes No
9, Name and Address of Current R	egistered Agent		Name 7	10. Name and Address of New Re	gistered Agent
CAPITAL CONNECTION INC				obert Hrycyk	
417 E VIRGINIA ST SUITE 1		8	2 Street Add	lress (P.O. Rox Number is NA) Acceptat	ole) /
TALLAHASSEE FL 32301		8	3 00	3 11 710	
INDIANAPER I E SESSI		-			
			14 City \mathcal{B}_{r}	adenton	FL 85 34293
11. Pursuant to the provisions of Sections 607.0502 at office or egistered egent, or both, in the Steph of I agent. I am familiar with, an accept the Silvation	nd 607,1508, Florida Statutes Florida. Such change was auns of, Section 607,0505, Flor	s, the about thorized ida Statu	ove-named corborates.	poration submits this statement for the partition's board of directors. I hereby acceptions	ourpose of changing its registered of the appointment as registered
SIGNATURE SIGNAT	sear		Kobe	ert Hrycyk	1/28/97
12. OFFICERS AND I	IRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE D	L) DELETE	1.1 3ITL	:		☐ Change ☐ Addition
NAME HRYCYK, ROBERT		1.2 NAME			
STREET ADDRESS 803 17TH AVE W.			ET ADORESS		
CITY-ST-ZIP BRADENTON FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		न्यातातात्र ।	The state of the s
NAME HRYCYK, BETTY		2.1 HIL 2.2 NAM		-06/24/	21 File Change — Addition 37
STREET ADDRESS 803 17TH AVE W.			ET ADDRESS	****16S	5.00 ***165.00
CITY-ST-ZIP BRADENTON FL			r-ST-ZIP		
TITLE	DELETE	3.1 TITL			Change Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STR	ET ADDRESS		
CITY-ST-ZIP		3.4. CIT	/-\$1-ZIP		
TITLE	☐ DELETE	4.1 TITL			☐ Change ☐ Addition
NAME		4. 2 NAN	AE .		
STREET ADDRESS			ET ADDRESS		
CiTY-ST-ZIP*	Doctor	1	- ST - ZIP		Character (Addition
TITLE .	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME .		5.2 NAM			
STREET ADDRESS			ET ADDRESS		
CITY-ST-ZIP 1997	DELETE	5.4 CITY 6.1 TITU	-ST-ZIP		Change Addition
NAME	par occers	6.2 NAM	,		— Sumillo — Vanigation
STREET ADDRESS			ET ADDRESS		
CITY-ST-ZIP		I.	-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 applied report is true and accurate and that my signature shall have the same legal effect as if made under oath that an officer or director of the exemptation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my nage appears in Block 12 or Block 13 it changed, or an attachment with an address.