FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT FISTATE

Sandra B. Morti

Secretary of Stat DIVISION OF CORPOR TIONS

FILED Jan 29 1997 8:00am Secretary of State

1997 DOCUMENT # P93000086514 (5)

Principal Place %6710 EMBASS SUITE 105 PORT RICHEY	SY BLVD.	Mailing Address 5318 LINDNER PLACE NEW PORT RICHEY FL 3 US	4652-3734		
				3. Date Incorporated or Qualified 12/17/1993	3a. Date of Last Report 04/29/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	to Bowline Bend	Suite, Apt. #, etc.		59-3081901	Not Applicable
22 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Mcw 1	Paper Richly, FL	28		Trust Fund Contribution	Added to Fees
Ζιρ	Country `	Ζιρ	Country	B. This corporation has liability for i	
24 3465		29	30		Yes 🛛 No
	g, Name and Address of Current I	Registered Agent	81 Name	10. Name and Address of New Re	glatered Agent
8710 PT.	TAS, GEORGE C. D EMBASSY BLVD. RICHEY FL 34688		82 Street 5 83 84 City	JONATHON B. SOE Address (P.O. Box Number is Not Acceptate 318 Linoner PC	FL 85 Zip Code 3 465 ネ
agent. I a SIGNATURE	m familiar with, and accept the obligate To not then B. S. Signalian, typed or proted name of registored agent.	ons of, Section 607.0505, F	Iorida Statutes. TE Registered Agent signature		3 January, 1997
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change Addition
TITLE	PD SPEARS, JONATHON		1.1 TITLE 1.2 NAME	Swear donather	Sales Notition
NAME STREET ADDRESS	%8710 EMBASSY BLVD., SUITE	105	1.3 STREET ADDRESS	Spears Honathon 5318 Linoner PL	~
CITY-ST-ZIP	PORT RICHEY FL 34668	100	1.4 City-St-ZiP	New Por Picker 1	= (34651
TITLE	TOTAL MONET TE STOOS	DELETE	2.1 TITLE	New Per Richey, 1	☐ Change ☐ Addition
NAME		_	2.2 NAME		-
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		i
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Charas Addute
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		i
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		10 16 - 20	6.4 CITY-ST-ZIP	totad in Spation 110 07/21/3 Florida Statuta	16 what could be a second

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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THOM TO. Spears