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 # P9400000281 (3)

VROSS & COMPANY, P.A.

Principal Place of Business

Mailing Address

MOCK HADE HARLIAT 2 020

FILED Apr 30 1997 8:00am Secretary of State



SARASOTA FL 34236				SARASOTA FL 34236-7818												
									3	01/03/1994 05/0			ale of Last Report 01/1996			
2. Principal Place of Business				28. Mailing Address .					4	I.	FEI Number			App	lied For	
21			26							65-0456502				Not Applicable		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.					5	5.	Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State			28	City & State					6		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip		Country		Zip Cou			ıntry			This corporation has liability for intangible tax under s. Florida Statutes X Yes No					199.032,	
24									10. Name and Address of New Registered Agent							
1741	SS, A GERALI PEREGRINE ASOTA FL 342	D POINT DR		<u> </u>			81 82 83	Name Street A		•	O. Box Number is Not Accepta					
							84	City					85	Zıp C	ode	
				707 J. 100 T.			L	<u> </u>			n submits this statement for the	FL		lno 11-	rogista	
office or r	egistered agent	t, or both, in the State and accept the oblig-	of Flori	ida. Such ch	nange was	authorize	o by	y the corpo	oralion's	s b	oard of directors. I hereby acce	pi the appo	ointme	ntas r	egistered	ä
	Signature, typed or p	nanic of registered age			(NO		d Age	ont signature r	equired wh			DATE	DIDEC	7000		_
12.		OFFICERS AN	D DIRE		DELETE	13.				Α	DDITIONS/CHANGES TO OFFI	CERS AND	DIREC Cha		IN 12	tion
TITLE	D	ED41D		احما	DELFTE	1.5 (1								nige		.1011
NAME	VROSS, A G	RINE POINT DR				1.2 N										
STREET ADDRESS	SARASOTA							ADDRESS								
CITY-ST-ZIP TITLE	SAMASUIA	FL 34231			DELETE	21 1		ST - 7(P					Chá	9006	Addit	tion
NAME						22 N		1						•		
STREET ADDRESS								LADDRESS								
								ST-ZIP								
CITY-ST-ZIP TITLE			_ .		DELETE	3.1 T		31-211					Cha	ange	Addit	tion
NAME				-		3.2 N										
STREET ADDRESS						3.3 S	TREET	T ADDRESS								
CITY-ST-ZIP						3.4. 0	HTY-	S1-ZIP								1
TITLE					DELFTE	4.1 T							Chi	ange	Addi	tion
NAME						4.21	IAME									
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TITLE					DELETE	51 T	ITLE						☐ Ch	ange	☐ Addi	tion
NAME						5.2 N	IAME									
STREET ADDRESS						5.3 S	TREE	T ADDRESS								
CITY-ST-ZIP	<u>L_</u>					5.4 0	IIY-S	\$T-ZIP								
TITLE					DELETE	6.1 7	ITLE						☐ Ch	ange	Addi	tion
NAME						6.2 N	IAME									
STREET ADDRESS						6.3 \$	TREE	1 ADORESS								
CITY-ST-ZIP						6.4 0	31Y-3	ST-ZIP								

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 changes for or an attachment with an address. an attachment with an address.