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

Mailing Address

4349 WORTHINGTON CI.

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

4349 WORTHINGTON CI.

PALM HARBOR FL 34685

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400000338 (1)

D.W. FLYNN & ASSOCIATES, PA

PALM H	IARBOR FL 34685		PALM HARBO	PALM HARBOR FL 34685-1155							
							3. Date Incorporated or Qualified 12/23/1993	3a. Date of 04/09/		eport	
2. Principal Place of Business			2a. Mailing A	2a. Mailing Address			4. FEI Number			plied For	
21			26				59-3218135		No	ot Applicable	
Suite, Apt #, etc			Suite, Apt				5. Certificate of Status Desired	_ 5	\$8.75 Additional Fee Required		
City & State				City & State			6. Election Campaign Financing		\$5.00		
23			28			Trust Fund Contribution Added to Fees					
Zip 24		Country	Zip	-	Count	ſy	8. This corporation has fiability for intangible tax under s. 199.032, Florida Statutes				
24]	O Nom	25	29		30		Florida Statutes 10. Name and Address of New Reg	$\overline{}$			
9. Name and Address of Current Registered Agent						1 Name	IV. Name and Address of New He	Jistereo Age	Int		
FLYNN DONALD W 4349 WORTHINGTON CIRCLE					Ľ	, maine					
						82 Street Address (P.O. Box Number is Not Acceptable)					
PALM HARBOR FL 34685					8:	3	······································				
					"	٦					
					8	4 City		FL	5 Zip (Code	
11 Pu	recent to the provi	is one of Sections 607	0502 and 607 1509 E	orida Statutos	e the sho	us samed s	orporation submits this statement for the p		nnaina li	s replatored	
offi	ice or registered a	icient, or both, in the S	itate of Florida. Such el	nande was au	uthorized t	ov the corpo	pration's board of directors. I hereby accep	t the appoint	ment as	registered	
ag	ent. I am familiar v	with, and accept the ol	bligations of, Section 6	07.0505, Flor	rida Statuti	8 \$.					
SIGNA	TURE	rai or printed no rie of ragistere.	el accord se a titlo il producatilo	MOTE	Posiclared A	and a problem of	equired when reinstating)	DATE			
12.	20314 25 345		AND DIRECTORS	HADIL	13.	April 2 Pristore 1	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12	
TITLE	PD			DELETE	1.1 TITLE		7,007,107,007,000,100,007,10		Change	Addition	
NAME	FLYNN,	DONALD W			1,2 NAMI				•		
STREET AL	DDRESS 4349 W	ORTHINGTON CI				ET ADDRESS					
CHTY-ST-	DALMAL	iarbor fl			1.4 CITY					ļ	
TITLE	V			DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME	FLYNN,	DANIEL E			2.2 NAMI					i	
STREET AL	DORESS 4349 W	ORTHINGTON CIRC	LE .		2.3 STRE	ET ADDRESS	Ç.	4			
CITY-S1-	ZIP PALM H	iarbor fl			2. 4 CITY			7.			
TITLE	ST			DELETE	3.1 TITLE				Change	Addition	
NAME	FLYNN				3.2 NAMI	<u> </u>					
STREET A	DDRESS 4349 W	ORTHINGTON CIRC	LE		3.3 STRE	ET ADDRESS					
CITY-ST-	ZIP PALM H	iarber fl			3.4. C(TY	-ST-ZIP					
TITLE		A LOT WHEN I WAS A STATE OF THE		DELETE	4.1 TITLE				Change	Addition	
NAME					4. 2 NAM	E				į	
STREET A	DORESS				4.3 STRE	ET ADDRESS					
CITY - ST -	ZIP			-	4.4 CITY	-ST-ZIP					
THTLE				DELETE	5.1 TITLE				Change	Addition	
NAME					5.2 NAMI						
STREET AL	DORESS				5.3 STRE	ET ADDRESS					
CITY-S1-	ZIP				5.4 CITY	-ST-21P	·		·····		
TITLE				DELETE	6.1 TITLE				Change	Addition	
NAME					6.2 NAME	[İ	
STREET AL	DORESS				6.3 STRE	ET ADDRESS					
ı	ŀ										

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 of 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 chalgest or on an attachment with an address.