## 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 # P9400002029 (4)

Principal Plac	a of Buspess	Mailun	g Address			············				
340 CRANE RD. VENICE FL 34293		P O BOX 1183 VENICE FL 34264-1193								
							3. Date Incorporated or Qualified 01/03/1994	1	of Last R	eport
2. Principal P	ace of Business	2a. Ma	ailing Address				4. FEI Number 65-0468821	· · · · · · · · · · · · · · · · · · ·		plied For
Suite, Apt	#, etc	Su	ite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22 City & State	f!	27 Cit	y & State				Election Campaign Financing		\$5.00	
23	and the second s	28	· · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution		Added	
Ζφ <b>24</b>	Country 25	<b>29</b>	)	30 Cc	ountry		8. This corporation has liability for In Florida Statutes	ntangible ta Yes 🔲		. 199.032,
[24]	9. Name and Address of Currer		d Agent	[30]	1		10. Name and Address of New Reg			
SMIT	TH, SANDRA K		<u>-</u>		81	Name				
340 CRANE RD.					62	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		
VENI	CE FL 34293				83		· · · · · · · · · · · · · · · · · · ·			
					64	City			[05] 7:n/	Code
					1 1	•		FL		Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Stgnature, type dior printed name of register, diagram	or and the it are	nic style (NO)	E Register	red Ann	nt signature required	(when rejectation)	DATE		
12.	OFFICERS AN			13.		it algrature required	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12
TULL	P			1.1	1.1 TITLE				Change	Addition
NAME	SMITH, SANDRA			1.2	NAME					
STREET ADDRESS	340 CRANE ROAD			1.3	STREET	ADDRESS				
CHY-ST-ZIP	VENICE FL				1.4 City-St-ZiP					
TOLE	-		☐ DELETE		2.1 TITLE			Ĺ	Change	Addition
NAME	SMITH, STEVEN A				NAME					
STREET ADDRESS	340 CRANE RD. VENICE FL 34293					ADDRESS				
DITY+ST+74P TITLE	VERTUE FL 34283		DELETE	_	CITY-S	61 - ZIP			Change	Addition
NAME			Section		NAME		1	Ļ	Change	L. AUGION
STREET ADDRESS						ADDRESS		* 17		
CHTY-ST-7IP					CITY-S					
TITLE			☐ DELETE		TITLE			Ĺ	Change	☐ Addition
NAME				4. 2	NAME					
STREET ADDRESS				4.3	STREET	AODRESS				
CHY-ST 70	77 1. 10 1. 10 1. 10. 10. 10. 10. 10. 10. 10. 10. 10.			4.4	CITY-S	T - ZIP				
1016			DELETE	5.1	TITLE				Change	Addition
NAME					NAME					
STREET ADDRESS						ADDRESS				-
C-TY - ST - ZIP			DELETE		CITY-S	T - ZIP			T Obress	Laun.
TILLE			DEFELE		TALE	·		L	Change	Addition
NAME PERCET APPOINTS O					NAME	LODDICCO				
STREET ADDRESS						ADDRESS				
City-St-ZiP				6.4	CITY-ST	1 - 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 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:

941-497-2270

**FILED** 

Apr 15 1997 8:00am

Secretary of State