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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENTIOF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

THE PL	EASURE e of Busines	COMPANY, INC.	Mailing	Address					
1901 BRINSON RD SUITE U-8			SUITE (	1901 BRINSON RD SUITE U-8					
LUTZ FL 3354	y		LUTZ FI	L 33549-3018			3. Date Incorporated or Qualified 01/12/1994	3a. Date of La	
2. Principal P	lace of Busin	noss	3	2a. Mailing Address			4. FEI Number		Applied For
21 Suite, Apt.	# etc		26 Suite	Suite, Apl. #, etc.			59-3218218		Not Applicable  75 Additional
22	w, 0to.		27	<b>∤</b> -¬			5. Certificate of Status Desired		e Required
City & Stat	е		City	City & State			6. Election Campaign Financing		<b>00</b> May Bø
23			28	4,			Trust Fund Contribution Added to Fees		
Zip		Country 25	Zip 29		Country 30	′	This corporation has liability for Florida Statutes	intangible tax und Yes 🔲 No	er s. 199.032,
24	9. Name	and Address of Cur		Agent	1301		10. Name and Address of New Ro		
REEDY, MICHAEL						Name			
2130 W BRANDON BLVD #202 BRANDON FL 33511					82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
					83				
					84	,		FLI	Zip Code
11. Pursuant office or r	to the provis egistered ag m famitiar wi	ions of Sections 607.0 jent, or both, in the St th, and accept the ob	502 and 607.15 ate of Florida. Su ligations of, Sec	08, Florida Statu uch change was tion 607,0505, Fl	ites, the abov authorized by lorida Statule	e-named corp y the corpora s.	poration submits this statement for the lion's board of directors. I hereby acce	purpose of changing the appointment	ng its registered Las registered
SIGNATURE								DATE	
12.	Signature, typed or printed name of registered age  12. OFFICERS ANI						ADDITIONS/CHANGES TO OFFI		TORS IN 12
TITLE	D			☐ DELETE				Char	nge Addition
NAME		KAREN L							
STREET ADDRESS		INSON RD SUITE &	I-8			ADDRESS			
CITY-ST-Z#P	LUTZ FL	33549		DEFELE	1.4 City - 1 2.1 Title	SI-ZIP		Char	ige Addition
NAME					2.1 TILLE 2.2 NAME			الله ال	ige Accilion
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP					2 4 CHY-	ł			
TITLE				DELFTE	3.1 TITLE			Char	nge 🔲 Addition
NAME					3.2 NAME				
STREET ADDRESS					3.3 STREF				ļ
CITY-ST-ZIP TITLE				DELETE	3.4. CITY- 4.1 TITLE	\$1 - ZIP		Char	nge 🔲 Addition
NAME					4. 2 NAME			-	
STREET ADDRESS	1				1	ADDRESS			
CITY-ST-ZIP					4.4 CITY - 8	11-21P			
TITLE				DELETE	5.1 TITLE			Char	ige Addition
NAME					52 NAME	İ			
STREET ADDRESS					5.3 STRLE				
CITY-ST-ZIP TITLE				DELETE	6.1 TILLE	1-7P		Char	ige Addition
NAME	Ne care				6.2 NAME	İ		J. J. J.	
STREET ADDRESS	  -					ADDRESS			

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address?

**FILED** 

Apr 24 1997 8:00am

Secretary of State