## 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

## POCUMENT # **P9400008097** (5)

Principal Plac	ianhattan ave.	Mailing Address 2805 SOUTH MANHATTAN TAMPA FL 33629-8626	N AVE.					
					3. Date Incorporated or Qualified 02/01/1994	3a. Date	e of Last 5/1996	
2. Principal Place of Business 2s. Mailing Add					4. FEI Number	7 77 10		Applied For
21		26			59-3223260			Not Applicable
		<b>⊢</b>	Suite, Apt. #, etc.		5. Certificate of Status Desired	X		Additional
City & State		City & State						Required
23		28			6. Election Campaign Financing Trust Fund Contribution	П		O May Be d to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for			
24	25	29	30		Florida Statutes	Yes 🔲	No	
	9. Name and Address of Curre	nt Registered Agent		2.7	10. Name and Address of New Re	gistered A	gent	
	IIFINO, WILLIAM J		į	81 Name				
SCHIFINO & FLEISCHER P.A.			j	82 Street Add	ress (P.O. Box Number is Not Accepta	ble)		
	N. FRANKLIN ST, STE 2700		ŀ	83				
IAM	IPA FL 33602		1					
				84 City		FL	85 Zip	p Code
11. Pursuant office or a agent. I a SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	gations of, Section 607.0505, F	ites, the a authorize lorida Sta	ove-named corporations.	poration submits this statement for the tion's board of directors. I hereby acce	ourpose of c pt the appoi	hanging ntment a	its registered is registered
	Signature, typed or printed name of registered ag		1E : Register	Agent signature requi	red whon roinstating)	DATE	NO FOTA	250 01 10
12.	OFFICERS AN	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	JERS AND L	Change	
NAME	RIEGER, CARLA	L. Dittell	1.1					- LJ Floorport
STREET ADDRESS	2805 S. MANHATTAN AVE.		1.3 :	ET ADORESS				
CITY-ST-ZIP	TAMPA FL 33629		1.4	· \$1 - 7/P				
TITLE		☐ DELETE	2.1	l I		T	Change	Addition
NAME			2.21	iff '				
STREET ADDRESS	1		2.3	et address		!		
CITY-ST-ZIP			2 4	- \$1 - ZIP			<del></del>	
TITLE		DELETE	31			¦L.	Change	Addition
NAME			32			1		
STREET ADDRESS			3.3	1 ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4	ST-7IP			Change	Addition
NAME						•		
STREET ADDRESS	ĺ		4.	I ADDRESS				
CITY-ST-ZIP				S1 - ZIP		•		
TITLE		DELETE	5.1				Change	Addition
NAME			5.2			٠		_
STREET ADDRESS			5.3	T ADDRESS				•
CITY-ST-ZIP			5.4	ST-ZIP			<del></del>	
TITLE		☐ DELETE	611			l	Change	e 🔲 Addition
NAME			62 N	E				
STREET ADDRESS			6.3 S	E1 ADDRESS				
A DITU OF THE	1		0.40	CT 7/D				

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address comption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the curate and that my signature shall have the same legal effect as if made under eath; that scute this report as required by Chapter 607, Florida Statutes; and that my name

**FILED** 

Apr 21 1997 8:00am

Secretary of State