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

P94000009202 (0)

	ee of Business	Mailing Address							
2925 KEYVILLI LILMA FL 335		2925 KEYVILLE DR LITHIA FL 33547-2623							
US		US				9 Date Incorporated or Qualified	I ao D	ate of Las	et Donort
						3. Date Incorporated or Qualified 01/24/1994		/28/199	
	lace of Business	2a. Mailing Address				4. FEI Number Applied For			Applied For
21	# -l-	26 Suits And Michael				59-3235081			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			'5 Additional Required
City & Stat	e	City & State				6. Election Campaign Financing		\$5.0	00 May Be
23	Country	28	Country			Trust Fund Contribution			ed to Fees
Zip 24	Country 25	Zip 3	Country 30			8. This corporation has liability for in Fiorida Statutes	- ~ -	e tax und∈ □ No	er s. 199.032,
[24]	9. Name and Address of Curre					10. Name and Address of New Reg			
MA	SSE, STEPHAN		81	Name	e				
171	6 PAINT BRANCH WAY		82	Stree	t Addre	ss (P.O. Box Number is Not Acceptab	le)		
BRA	NDON FL 33511								
	•		83						
]			84	City			FL	85 2	Zip Code
11, Pursuant office or r agent. I a SIGNATURE						oration submits this statement for the pon's board of directors. I hereby accep		f changin xoiniment	ig its registered as registered
10	Signature, typed or printed name of registered a	gent and title if applicable (NOTÉ: F ND DIRECTORS	Registered Age	ulangia In	re required	d when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE EDD AND	DIRECT	TODE IN 12
12.	OFFICERS AI	DELETE	1.1 7(TLE		1	ADDITIONS/CHANGES TO OFFICE	ENS AIVL	Chan	
NAME	MASSE, STEPHAN	1.2		1.2 NAME					
STREET ADDRESS	1716 PAINT BRANCH WAY		1.3 STREET ADDRESS		;]				
CITY-ST-ZIP	BRANDON FL 33511			1.4 CITY-ST-ZIP					
TITLE	— <u> </u>		2.1 TITLE	i				Chan	ge [_] Addition
NAME	MASSE, ROCHELLE 1716 PAINT BRANCH WAY		2.2 NAME						
STREET ADDRESS	BRANDON FL 33511		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE			31 TITLE	II - ZIP	 		-	Chang	ge Addition
NAME			32 NAME						
STREET ADDRESS	33		33 STREET	address	: [
CITY-ST-ZIP			3.4. CITY - 9	T-ZIP	<u> </u>				
TITLE		☐ DELETE	4.1 TITLE					Chang	ge Addition
NAME			4. 2 NAME		ĺ				
STREET ADDRESS CITY-ST-ZIP			4.3 STREET		}				
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		+			Chang	ge Addition
NAME		<u></u>	5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY - S		1				
TITLE		DELETE	61 TITLE		7		***************************************	Chang	ge Addition
KAME			62 NAME		1				
STREET ADDRESS		İ	6.3 STREET	ADDRESS					
CITY-ST-ZIP		l	6.4 CITY - S	I - 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 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.

FILED

Jun 20 1997 8:00am

Secretary of State