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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000010795 (0) MIRANDA PRESS, INC.

Mailing Address

1894 PARADISE LANE CLEARWATER FL 34816

Principal Place of Business

1894 PARADISE LANE CLEARWATER FL 34616-1740

**FILED** Jul 21 1997 8:00am Secretary of State

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								3. Date Incorporated or Qualified 02/04/1994		ate of Last F 21/1996	leport
2. Principal P	lace of Busino	SS		niling Address				4. FEI Number		TA:	oplied For
21 5AM	٠_		26 5	me				59-3221691		N	ot Applicable
Suite, Apt.	#, etc.		Si	ite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22			27				l	<b>b.</b> Certificate of Status Desired	LJ	Fee Re	equired
City & Stat	0		Ci	ly & Stato			1	6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution		Added	to Fees
Ζιρ		Country	71	,	Coun	try	1	8. This corporation has liability for			. 199.032.
24	2		29		30		Florida Statutes ☐ Yes ☑ No				
		nd Address of Co	urrent Register	d Agent				10. Name and Address of New Re	gistered	Agent	
DAV	'IDSON, LLO'	YD T				31 Name	CA6	ne.			
1894	1894 PARADISE LANE			L	82 Street Address (P.O. Box Number is Not Acceptable)						
CLE	ARWATER F	L 34616			[	-	, riber ber	tion box runner to recrease	,,,,		
					1	33					
I					-					71	
					{	34 City			FL	85 Zip	Code
11. Pursuant	to the provisio	ns of Sections 607	2.0502 and 607	1508, Florida Statut	tes, the abo	 ove-named	d comora	ation submits this statement for the r		f changing i	ts registered
office or r	registered age	nt, or both, in the !	State of Florida.	Such change was:	authorized	by the cor	rporation	's board of directors. I hereby accep	of the app	ointment as	registered
agent. La	ım tamıllar with	i, and accept the i	obligations of, Se	ection 607,0505, Fi	orida Statu	ies.					
SIGNATURE	64-10-1	printed name of register		- Lands Alfon	II. Di sistemas			when reinstating)	DATE		
12.	Signature, typica or		S AND DIRECTO	`	13.	Agent signatur	re required v	ADDITIONS/CHANGES TO OFFIC		DIDECTOR	30 INI 10
TITLE	P	OFFICENC	MAD DITECTO	DELETE	1.1 100		<del></del>	ADDITIONS/CHANGES TO OFFIC	ZENO AIVI	Change	Addition
	DAVIDSON	TOVOL			1.2 NAM		Ì			L_J Onlingo	
NAME					1	· <del>-</del>	}				
STREET ADDRESS		ADISE LANE				EET ADDRESS					
CITY-ST-ZIP	CLEARWA"	IEK FL		T 60 FT6		- SI - 7IP	ļ		·····		
TITLE	TSD			DELETE	2.1 7011		ļ			Change	Addition
NAME	DAVIDSON				2.2 NAM	1É	1				
STREET ADDRESS		ADISE LANE			2.3 STR	EFT ADDRESS					
CITY-SI-ZIP	CLEARWA'	TER FL			2 4 CFT	Y-S1-71P	<u> </u>				
TITLE				DELETE	3.1 TITL	Ē.	1			☐ Change	Addition
NAME					3.2 NAM	1É					
STREET ADDRESS					3 3 STR	ET ADDRESS					
CITY-ST-ZIP					34 CIT	Y-ST-ZIP					
TITLE				DELETE	4.1 TITL		1			Change	Addition
NAME					4 2 NAM	ME .					
STREET ADDRESS						E1 ADDRESS		•			
CITY-ST-ZIP						- \$1 - ZIP	]				
TITLE	<del></del>			DLLETE	5.1 ((1)		1			Change	Addition
NAME					5.2 NAM						
STREET ADDRESS					1	ET ADDRESS	}				
CiTY-ST-ZIP				DELETE	5.4 CHY 6.1 THL	- ST - ZIP	<del> </del>			Change	Addition
TITLE				- VELETE						onange	LT Variable
NAME					62 NAM	-					
STREET ADDRESS						IT ADDRESS	1				
CITY-ST-ZIP			<del></del>		6 4 CITY		1				
14. I do heret	by certify that t on indi <b>ce</b> ted or	the information sup this annual repor	iphed with this f t or supplement	iling does not quali al annual report is t	ity for the e true and ac	xemption s curate and	stated in d that my	Section 119.07(3)(i), Florida Statute y signature shall have the same lega s required by Chapter 607, Florida S	s I furthe Il effect a	r cortify that s if made un	the derioath: that
I am an oi appears i	flicer or directi in Block 12 or l	or of the corporation of the cor	on or the receive	er or trustee empow chment with an add	vered to ex dress.	ecute this	report as	s required by Chapter 607, Florida S	Statutes, a	nd that my r	name

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DOCUMENT # **P94000010795 (0)** 

1894 PARADISE LANE

**CLEARWATER FL 34616** 

MIRANDA	A PRESS, INC.			 		
Principal Place	of Business	Mailing Addres	\$		BD(B)	
1894 PARADISE LANE CLEARWATER FL 34616		1894 PARADISE LANE CLEARWATER FL 34618-1740				
				3. Date Incorporated or Qualified 02/04/1994	3a. Date of Last Report 05/21/1996	
	ace of Business	2a. Mailing Add		4. FEI Number	Applied For	
21 5AM	<u> </u>	26 S C. m.e		59-3221691	Not Applicat	
Suite, Apt. #	f, etc.	Suite, Apt. 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	7(p	Country 30	8. This corporation has liability for Florida Statutes	intangible tay under s. 199.032, ☐ Yes  ☑ No	
	g. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	gistered Agent	
DAVIC	DSON, LLOYD T	<b>—</b>	81 Name	SAME		

Zip Code 85

82

83

84 City

Street Address (P.O. Box Number is Not Acceptable)

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, types or proced one of negocional agent and use diapplicable (NOTE Registered Agent signature required when reinstating) DATE							
12.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Р	DELFTE	13.	Change Addition			
NAME	DAVIDSON, LLOYD T		1.2 NAME				
STREET ADDRESS	1894 PARADISE LANE		1.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		1.4 City-\$1-ZiP				
TITLE	TŚD	DELETE	2.1 NTLF	Change Addition			
NAME	DAVIDSON, LLOYD T		2.2 NAME				
STREET ADDRESS	1894 PARADISE LANE		2 3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		2 4 C(1Y-S1-Z)P	]			
TITLE		☐ OELETE	3.1 Tift E	Change Addition			
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-ZIP			3 4. C(1Y+S1+7)P				
TITLE		☐ DELETE	4.1 TIFLE	Change Addition			
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS	·			
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETL	5.1 THEF	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CHY - S1 - ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6 1 TATLE	Change Addition			
NAME			G 2 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			6.4 CHY+ST-7IP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), 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 hance appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Applied For Not Applicable