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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY - ST - ZIF



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 21 1997 8:00am

Secretary of State

DOCUMENT # P94000018529 (5)

CEADDEEZE WALCH EGALE COMPANY INC

Principal Place of Business Mailing Address 1975 MACGREGOR ROAD 1975 MACGREGOR ROAD TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689-5859						
}				3. Date Incorporated or Qualified 03/04/1994	3a. Date of Last Report 05/30/1996	
2. Principal l	Place of Business	2a. Mailing Address	**************************************	4. FEI Number	Applied For	
21		[26]		59-3229247	Not Applicable	
Suite, Apt	t #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Regulred	
City & Sta	ate	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ziρ	Country	8. This corporation has liability for	r intangible tax under s. 199.032,	
24	25	29	30		Yes No	
	9. Name and Address of Curre	int Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
197	SEY, LESLIE 75 MACGREGOR ROAD RPON SPRINGS FL 34689		B2 Street	ichael E. Dris, Esq. Address (P.O. Box Number is Not Accepta 14 S. Pinellas Avenue	ible)	
11. Pursuan office or agent I	- cu		itatutes, the above-named was authorized by the corp 5. Florida Statutes.		purpose of changing its registered ept the appointment as registered pril 10, 1997	
12.	Signature typed or printed name of registerod a	gent and title if applicable ND DIRECTORS	(NOTE: Registered Agent signature 13.	required when reinslating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TOLE	PVPS	DELETE		7,0011,010,011,111,000,10,011	☐ Change ☐ Addition	
NAME	LIPSEY, LESUE		12 NAME			
STREET ADDRESS	ANTE MANOPENON BOAD		1.3 STREET ADDRESS			
CITY - ST - ZIP	TARPON SPRINGS FL 34689		1.4 City-\$t-zip			
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NAME	}		22 NAMÉ			
STREET ADDRESS	3		2.3 STREET ADDRESS			
CITY-ST-ZIF			2.4 CITY-ST-ZIP			
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NAME]		3.2 NAME			
STREET ADDRESS	5		3.3 STREET ADDRESS			
CITY-ST-ZIP	4	T KELET.	3.4. CITY-ST-ZIP	 	Channe T Advice-	
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CITY- ST-ZIP		T seren	5.4 CITY - ST - ZIP		Change I Addition	
TITLE		DELETE	5 '		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS	s (63 STREET 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 eath; 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 13 if changed, or on an attachment with an address.

4-15-97 Date

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