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

DOCUMENT # P94000024972 (9)

| Principal Place of Business 339 6TH AVE W BRADENTON FL 34205 US | Mailing Address 339 6TH AVE W BRADENTON FL 34205-8820 US | | | |
|--|---|---|--|---|
| | •• | | 3. Date incorporated or Qualified 03/28/1994 | 3a. Date of Last Report 05/01/1996 |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 442 (lover Roed Suite, Apt #, etc | 26 442 Clover Suite, Apt. #, etc. | Road | 65-0479281 | Not Applicable |
| 22] | 27 Soite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Venice FL | 28 Venice FL | Country | Trust Fund Contribution | Added to Fees |
| Zip Country 25 USA | | Country 30 USA | This corporation has liability for Florida Statutes | or intangible tax under s. 199.032. Yes X No |
| 9. Name and Address of Curr | | 1 | 10. Name and Address of New I | |
| GELLER, THOMAS | | 81 Name | Romas Geller | |
| 339 AVENUE WEST | | IBZI SUBBUADO | ress (P.O. DOX Nullider is NOLACCED) | able) |
| BRADENTON FL 34205 | | 83 | Clouer Road | |
| | | | | |
| | | 84 City Ven. | ·ce | FL 85 Zip Code 34293 |
| 11. Pursuant to the provisions of Sections 607.0 | 502 and 607.1508, Florida Statutes | the above-named core | poration submits this statement for the | purpose of changing its registered |
| office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl | ite of Florida. Such change was au igations of, Section 607.0505, Flor | ithorized by the corpora ida Statutes. | tion's board of directors. I hereby acc | cept the appointment as registered |
| SIGNATURE 1900 | lla | | | 4-25-97 |
| Signature: Tyting or printing name of ingistered a OFFICERS A | agent and little If applicable (NOTE- NDD DIRECTORS | Rogistered Agent signature requi | | DATE FICERS AND DIRECTORS IN 12 |
| TITLE D | DELETE | 11 TITLE | V/T/s | Change Addition |
| NAME GELLER, THOMAS | | 1.2 NAME | Romas Geller 42 Clover Road | _ , |
| STREET ADDRESS 339 AVENUE WEST | | 1.3 STREET ADDRESS # | 42 Clover Hood | |
| City-St-ZiP BRADENTON FL 34205 | | 1.4 CITY-ST-ZIP V | Price, FL 34297 | |
| TITLE | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | | 2.2 NAME | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | |
| CITY - ST - ZIP | DELETE | 3.1 TITLE | | Change Addition |
| NAME | — | 3.2 NAME | | |
| STREET ADDRESS | | 3 3 STREET ADDRESS | | |
| CHY-SI-ZIP | | 3 4. City - St - ZiP | | |
| THE | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME STOCK LADDOGGO | | 4. 2 NAME | | |
| STREET ADDRESS CITY-S1-ZIP | | 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | | |
| THEF | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | 5.2 NAME | | • |
| STREET ADURESS | | 5.3 STREET ADDRESS | | |
| CHY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | DELETE | 6.1 TITLE | | Change Addition |
| NAME CIRECY ADDRESS | | 6.2 NAME | | |

6.4 City-St-ZiP 14. For the reby 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 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.

SIGNATURE:

(941)496-9387

FILED

May 05 1997 8:00am

Secretary of State