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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000038086 (2)

| Trincipal Place of Business Mailing Address 12930 129TH TERR NORTH LARGO FL 34644 LARGO FL 3474-2603 | | | | | | | | |
|--|---|-------------------------------------|-------------------------|---------------|---|-----------------------|---------------|-----------------------------|
| us | | US | | | 3. Date Incorporated or Qualified 05/16/1994 | | ite of Last R | eport |
| | Place of Business | 28. Mailing Address | | | 4. FEI Number 59-3253902 | 1 0010 | Ar | plied For |
| Suite, Apt | #, etc | Suite, Apt. #, etc. | | <u></u> | 5. Certificate of Status Desired | 12 | \$8.75 | ot Applicable Additional |
| City & Stat | c | City & State | | | 6. Election Campaign Financing | | \$5.00 | equired |
| 23 | | 28 | | · | Trust Fund Contribution | | Added | |
| 4 337' | 74 (Country 25) | Zip [29] | Count 30 | ry | 8. This corporation has liability for Florida Statutes | intangible] Yes [| | . 199.032, |
| | 9. Name and Address of Curre | ent Registered Agent | | | 10. Name and Address of New Re | | | · |
| 1293 | CK, CHARLES IV 10 129TH TERRACE NORTH 30 FL 34644 | | 8 | 2 Street Ad | dress (P.O. Box Number is Not Acceptat | FL | 85 Zip | ^{Code} U |
| SIGNATURE | Ster above Typed to printed type of registered a | gations of, Section 607.0505, Flo | · Registered A | 98. | rporation submits this statement for the pation's board of directors. I hereby acceptived when reinstating) | DATE | | |
| 12. Tole | OFFICERS A | ND DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFICE | ERS AND | Change | S IN 12 |
| NAME STREET ADDRESS CITY+ST-ZIP | KALCK, CAHRLES R 12930 129TH TERR N LARGO FL | | 1.2 NAME | ET ADDRESS | 33 | .774 | E oneign | |
| THE | VP | | | | | | Change | Addition |
| NAME STREET ADDRESS | KALCK, CHARLENE 12930 129TH TERR N | | 2.2 NAME 2.3 STREI | ET ADDRESS | | | | |
| City - St - 7iP | LARGO FL | · | 2. 4 CITY | -ST-ZIP | 337 | 774 | | |
| Title NAME | | ☐ DELETE | 3.1 TITLE 3.2 NAME | 1 | | | ☐ Change | Addition |
| STREET AFORESS CDY-SL-ZIP | | | 3.3 STREE | ET ADDRESS | | | | |
| THEF | | DELETE | 4.1 TITLE | | ~ | | ☐ Change | Addition |
| NAM: | | | 4. 2 NAM | E] | | | | |
| STREET ADURESS | | | | ET ADDRESS | | | | |
| GITY -ST - ZIP TITLE | | DELETE | 4.4 CITY - 5.1 TITLE | | | | Change | Addition |
| NAM(| | | 5.2 NAME | Į. | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| C11Y - S1 - ZIP | | | 5.4 CITY | | · · · · · · · · · · · · · · · · · · · | | | |
| TITE | | ☐ DELETE | 6.1 TITLE | 1 | | | ☐ Change | Addition |
| NAME STOLLL ROODS | | | 6.2 NAME | - 1 | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| 011 - SI - 7/P 14. Il do herel | by certify that the information suppli | ed with this filing does not qualif | 6.4 City- | emption state | ed in Section 119.07(3)(i), Florida Statute | s I further | certify that | 1he |

4. I do hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or frustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-97 813-596-845

FILED

Apr 04 1997 8:00am

Secretary of State

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