## 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 # P94000055316 (1)

THE COST CONTAINMENT EQ  Principal Place of Business  200 \$ HOOVER BLVD BLDG 219 SUITE 112 TAMPA FL 33609	Mailing Address  200 \$ HOOVER BLVD BLDG. 219, SUITE 114 TAMPA FL 33609-3536			
US	us		3. Date Incorporated or Qualified 07/26/1994	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 21 4601 W Kenned	2a. Mailing Address	enneally blu	4 FEI Number	Applied For Not Applicable
Suite Apt. # grc. 225	Suite, Apt. #, etg.	225	Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State Campa FC	City & State	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33609 Country 25	Zip / AQ	Country 30	8. This corporation has liability for	
9. Name and Address of		301	10. Name and Address of New R	
RAPPAPORT, RICHARD M BLDG.219, SUITE 114 APT. 2006 TAMPA FL 33629		81 Name 82 Street Add	dress (P.O. Box Nurriger is Not Accepted 3301 Bays Ho	ie Blup
		84 City	9m1 4	FL 85 Zip Code 3 6 2 9
Pursuant to the provisions of Sections 6t office or registered adjint, or both, in the agent I am familiar with, and uccept the SIGNATURE.	Hains			
SE viáture "typed or printed naple M regis 12. OFFICE!	ored gent and tife if applicable (NOTE RS AND DIRECTORS	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
THE DPT	DELETE	1.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME RAPPAPORT, RICHARD N	4	1.2 NAME		1
STREET ADDRESS 3301 BAYSHORE BLVD.		1.3 STREET ADDRESS	•	
CITY-ST-ZIP TAMPA FL	<b>.</b>	1.4 CITY-ST-ZIP		
TITLE DVPS	DELETE	2.1 TITLE		Change Addition
NAME TITUS, KEITH		2.2 NAME		
STREET ADDRESS 13006 PRESTWICK DRIVI		2.3 STREET ADDRESS		
CITY-ST-ZIF RIVERVIEW FL.	Distri	2. 4 CITY-ST-ZIP		Change Addition
THE	DELETE	3.1 YITLE 3.2 NAME		Change Addition
NAME STREEL ADORESS		3 2 NAME 3 3 STREET ADDRESS		
CITY - ST - 7/P		3.4. CITY-SY-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CHY-ST-ZIP		4.4 CITY-ST-ZIP		
THE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		l
D3Y-S1-7/2		5.4 CiTY-ST-ZIP		ļ

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 oath; that I am an officer or director of the corporation of the receiver or trusted impowered 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 that an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition

**FILED** 

Apr 22 1997 8:00am

Secretary of State