## 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 # P9400064902 (7)

WARREN A. PAQUIN JR., P.A.

Principal Place of Business	
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## **FILED** Apr 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address			{ I DEDISORI STR SOSTE BLOSS MADIL BOSIN BOSIN BUIND DUST BROSS FOILL DUIND LIGHT FUBIL			
319 7TH ST W 319 7TH ST W PALMETTO FL 34221 PALMETTO FL 34221-5206						
				3. Date Incorporated or Qualified 09/02/1994	3a. Date of Last Report 04/29/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
	R Manatce Ave W	26 7423B M	anatee AUW	65-0522085	Not Applicabl	
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	denten 171	City & State  28 EVAdenton	,71	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for it		
4 342		29 34209	30 USA		Yes No	
	9, Name and Address of Curre	nt Registered Agent	-	10. Name and Address of New Re	jistered Agent	
	uin, warren a Jr		81 Name			
	2 83RD ST NW		82 Street Add	lress (P.O. Box Number is Not Acceptab	le)	
BRAI	DENTON FL 34209		83			
			83			
			84 City		85 Zip Code	
				poration submits this statement for the p	FL 8 2000	
SIGNATURE	am familiar with, and accept the oblig		E: Registered Agent signature requ		DATE	
12.	p ==	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D DAGUINA MAGOCAL A IB	DELETE	1.1 TITLE		Change Addition	
NAME	PAQUIN, WARREN A JR		1.2 NAME			
STREET ADORESS	1302 83RD ST NW		1.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL	DELETE	1.4 CITY - ST - ZIP		Change Additio	
TITLE	1	בין מנננונ	2.1 TITLE 2.2 NAME		FT pliquide FT voquid	
NAME PERSONAL ADDRESS OF A			2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS						
CITY - ST - ZIP TITLE		☐ DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition	
NAME	1		3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-SI-ZIF			3.4. CITY-ST-ZIP			
Title		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADORESS			4.3 STREET ADDRESS			
City-S1-ZIP			4.4 City-ST-ZIP			
TITLE		DELETÉ	5.1 TITLE		Change Addition	
NAM:			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
THLE		☐ DELETE	61 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIF			6.4 CITY-ST-ZIP			

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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ment with an address.

SIGNATURE:

941-792-7522