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 # P94000079433 (6)

Principal Place of Business Mailing Address 8307 62ND STREET COURT EAST SUITE 2002 SARASOTA FL 34243 SARASOTA FL 34243-2951									
US		US				3. Date Incorporated or Qualified 10/28/1994	3a. Date of La 04/25/199		
	Place of Business W. Lockwood Kidge (A)	2a. Mailing Address		<u></u>		4. FEI Number 65-0532628		Applied For Not Applicable	1
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 7	5 Additional e Required	
City & Stat		City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be	1
710 24 34 Z4	Country	Zip 30	Countr	у	·	8. This corporation has liability for			1
	9. Name and Address of Current I		<u>' </u>		 ,	10. Name and Address of New Re			_
	AVER, RONALD L		B1	Name					7
	7 62ND STREET COURT EAST IE 2002		82	Street	Addre	ss (P.O. Box Number is Not Acceptal	ble)		
SAR	ASOTA FL 34243		83]
			84	City			FL 85	Zip Code	1
11. Pursuant office or report La	to the provisions of Sections 607.0502 a registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508, Florida Statutes, Florida. Such change was aut	the abou	e-named y the cor	l corpo poratio	oration submits this statement for the pon's board of directors. I hereby acce	purpose of changi pt the appointmen	ng its registered t as registered	
SIGNATURE) / / / / / / / / / / / / / / / / / / /	ave Bonnis		KLAI	1 EK	4/19/97			
	Shippatore, typed or printed name of registered agent a	and title if applicable (NOTE: R	gA berelaige			d when reinstaling)	DATE		_ ا
12. TillE	OFFICERS AND I	DIRECTORS DELETE	13.		1	ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC		-{ફુ
NAME	SKLAVER, RONALD L	L. DELECT	1.2 NAME		1		\$1 Old	nge 11 Ruddidi	15
STREET ADDRESS	8307 62ND CT # 2002			T ADDRESS	QU.	66 N. LOCKWOOD RIDGE	PD, # 318		18
CITY-ST-7IP	ST PETERSBURG FL		1.4 C(TY-			RASOTA, FL 34243	,		ļč
TITLE		DELETE	2.1 TITLE	31 - 21-	1	AND MITTER	Chai	nge Addition	46
NAME	1		2.2 NAME		1			•	1
STREET ADDRESS			2 3 STREET						ļ
CHY-S1-ZiF			2.4 CITY-	ST-ZIP	1		•		ĺ
TITLE		DELETE	3.1 TITLE				☐ Cha	nge Addition	7
NAME			3.2 NAME						
STREET ADDRESS	ļ		3.3 STREE	T ADDRESS	1				
CITY ST ZIP			3.4. CITY-	ST-ZIP					_
TiTLE	}	☐ DELETE	4.1 TITLE		}		∟ Cha	nge L Addition	-
NAME			4. 2 NAME		}				ļ
STREET ADDRESS			4.3 STREE	T ADDRESS		•			
CHY-ST-ZIP		L DEL CE	4.4 CITY-	ST-ZIP	 -		115.		-
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NAME			52 NAME		1				
STREET ADORESS	1								
City-St 7:P	J			T ADDRESS					
		Laciete	5.4 CITY -				T 01.	000 14445	
TILE		☐ DELETE	5.4 CITY- 61 TITLE	ST - ZIP		·····	☐ Cha	nge Addition	
		☐ DELETE	5.4 CITY- 61 TITLE 62 NAME	ST - ZIP			☐ Chai	nge 🔲 Addition	

CITY-S1-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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

COVER LA LA SECULIA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SKLAVEL - 4/13/97 (813)864-600

FILED

Apr 17 1997 8:00am

Secretary of State

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