## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P94000082775 (5)

Principal Place of Business Mailing Address  12003 W POND WAY TAMPA FL 33615 US  Mailing Address  12003 W POND WAY TAMPA FL 33615 US										
							3. Date Incorporated or Qualified 11/09/1994		te of Last F <b>6/1996</b>	Report
	Place of Business		2a. Mailing Addr	9\$S			4. FEI Number		F	polied For
<b>21</b> Sute, Ap	t # elc		26 Suite, Apt. #,	etc			59-3275639			ot Applicable Additional
22			27	5.0.			5. Certificate of Status Desired			equired
City & State			City & State			Election Campaign Financing     Trust Fund Contribution				
Zip	Cou	untry	Zip		Country		8. This corporation has liability for			199.032,
<b>₹4</b>	25		29	30	<del></del>		_ 1	Yes [		
		Idress of Current R	tegistered Agent	······································	81	Name	10. Name and Address of New Ro	egistered /	Agent	
	MBRA, NICHOLAS / 103 W POND WAY	A								···_
	MPA FL 33615				62	Street Add	Iress (P.O. Box Number is Not Accepta	D16)		
					83					***************************************
					84	City			<b>85</b> Zip	Code
								FL	<u> </u>	
agent 1	am familiar with, and	accept the obligation	ons of Section 607.	ge was author 0505, Florida :	rized by Statutes	the corpora	poration submits this statement for the tilon's board of directors. I hereby acce	pt the app	Omurnent as	registated
SIGNATURE	Styrialize, typind or printed		ind (ide if applicable DIRECTORS	(NOTE: Regis	stered Ape		ition's board of directors. I hereby acce ired when relistating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	R\$ IN 12
SIGNATUHE 12.	Styrodor, typed or printed	name of registered agent a OFFICERS AND D	nd tite if applicable	(NOTE: Regis	stered Age 13.		pred when reliating)	DATE		RS IN 12
SIGNATUHE  12.  HILF  NAME	Signalize: typod or printed  P  DAMBRA, JUDITI	name of registered agent a OFFICERS AND D	ind (ide if applicable DIRECTORS	(NOTE: Regis	stered Age 13. 1.1 TITLE 1.2 NAME	int signature requ	pred when reliating)	DATE	DIRECTO	RS IN 12
SIGNATUHE  12.  DILE  NAME  SIBELI ADDRESS	Symbol typed or printed  P DAMBRA, JUDITI 12003 W POND	name of registered agent a OFFICERS AND D	ind (ide if applicable DIRECTORS	(NOTE: Region 1	STEFE AGE 13. 1.1 TITLE 1.2 NAME 1.3 STREET	and signature required	pred when reliating)	DATE	DIRECTO	RS IN 12
SIGNATUHE  12.  HILE  NAME	Signalize: typod or printed  P  DAMBRA, JUDITI	name of registered agent a OFFICERS AND D	ind (ide if applicable DIRECTORS	(NOTE: Region   1	stered Age 13. 1.1 TITLE 1.2 NAME	and signature required	pred when reliating)	DATE	DIRECTO	RS IN 12
SIGNATUHE  12.  TITE  NAME  SIBELLADORESS C TY - ST-71P	P DAMBRA, JUDITI 12003 W POND TAMPA FL VP DAMBRA, NICHO	Name of registers a agent a OFFICERS AND C	ond life if applicable DIRECTORS DE	(NOTE Region III)	Stered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET	and signature required	pred when reliating)	DATE	DIRECTO Change	RS IN 12
SIGNATURE  12.  HILE  NAME  SIBEEL ADDRESS C TY-ST-7IP  TITLE  NAME	P DAMBRA, JUDITI 12003 W POND TAMPA FL VP DAMBRA, NICHO 12003 W POND	Name of registers a agent a OFFICERS AND C	ond life if applicable DIRECTORS DE	(NOTE Region   1   1   1   1   1   1   1   1   1	stered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	nt signature required and signature required	pred when reliating)	DATE	DIRECTO Change	RS IN 12
SIGNATURE  12.  THE HAME STREEL ADDRESS CITY ST-7IP TITE NAME STREEL ADDRESS CITY ST-72P	P DAMBRA, JUDITI 12003 W POND TAMPA FL VP DAMBRA, NICHO	Name of registers a agent a OFFICERS AND C	nd life it applicable DIRECTORS  DE	(NOTE: Regional Regions) LETE 1 1 1 LETE 2 2 2	stered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS T-ZIP ADDRESS	pred when reliating)	DATE	DIRECTOI Change	RS IN 12 Addition
SIGNATURE  12.  HILE  NAME  SIRELI ADDRESS  C 17: S1-7IP  TITLE  NAME  SIREEL ADDRESS  CITY S1-72*  TITLE	P DAMBRA, JUDITI 12003 W POND TAMPA FL VP DAMBRA, NICHO 12003 W POND	Name of registers a agent a OFFICERS AND C	ond life if applicable DIRECTORS DE	(NOTE: Region 1) LETE 1 1 LETE 2 2 LETE 2	stered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS T-ZIP ADDRESS	pred when reliating)	DATE	DIRECTO Change	R\$ IN 12 Addition
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SIGNATURE  12.  HILE  NAME  SIREEL ADDRESS  CITY ST- 7/P  TITLE  NAME  SIREEL ADDRESS  CITY ST- 7/2  TITLE  NAME  SIREEL ADDRESS  CITY ST- 7/2  TITLE  NAME  SIREEL ADDRESS  SIREEL ADDRESS	P DAMBRA, JUDITI 12003 W POND TAMPA FL VP DAMBRA, NICHO 12003 W POND TAMPA FL	Name of registers a agent a OFFICERS AND C	nd life it applicable DIRECTORS  DE	(NOTE: Region 1) LETE 1 1 LETE 2 2 LETE 3 3	stered Ape 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	pred when reliating)	DATE	DIRECTOI Change	R\$ IN 12 Addition
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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:

CTURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

0369969

**FILED** 

May 08 1997 8:00am

Secretary of State