FILE NOW: FILING PROFIT CORPORATION ANNUAL REPORT 1997	FEE AFTE	AFTER MAY 1 IS \$550.00 FLORIDA DEPARIMENT OF STATE Sendra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Apr 14 1997 8:00an Secretary of State			
Principal Place of Business 320 W. MARTIN LUTHER KING BLVD. JR.	Maili 2320 V TAMP/	633 (3) ing Address W. MARTIN LUTHER A FL 33607	KING BLVD. JR.				
8	US			3. Date Incorporated or Qualified		Report	
2. Principal Place of Business	2a. M	Address		11/22/1994 4. FEI Number	01/23/1996	pplied f or	
1	26			59-3280718	N	ot Applicabl	
Suite, Apt. #, etc.	27 S	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	
City & State		Vily & State		6. Election Campaign Financing	······································	May Be	
Zip Country	28	'ip	Country	Trust Fund Contribution		to Fees	
4 25	29	4,	30	<ol> <li>This corporation has liability to Florida Statutos</li> </ol>	Yes DNO	s. 199,032,	
CHRISTIAN, PAUL <del>8630 N. HIMES AVE., UNIT 20</del> T <del>AMPA FL 63614 -</del>	)19		83	Tress (P.O. Box Number is Not Accept BALIA AUE # 30		Code	
<ul> <li>8630 N. HIMES AVE., UNIT 20 TAMPA FL 63614</li> <li>11. Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familiar with, and accept the</li> </ul>		.1508, Florida Statu Such change was Section 607.0505, Fl	83 84 - 077 - AM	np A	FL 85 ZID	Code 606 ts registered registered	
<ul> <li>8630 N. HIMES AVE., UNIT 20 TAMPA FL 93014 -</li> <li>11. Pursuant to the provisions of Sections office or registered agent, or both, in th agent. I am familiar with, and accopt the SIGNATURE Signature, typed or prefed name of registered agent.</li> </ul>	607.0502 and 607 Ito State of Florida. he obligations of, S	appleable (NO	83 84 	1 P A rporation submits this statement for the ation's board of directors. I hereby acc	FL 65 70 purpose of changing i cept the appointment as	ts registered	
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8630 N. HIMES AVE., UNIT 20 TAMPA FL-03014-         11. Pursuant to the provisions of Sections office or registered agont, or both, in th agent. I am familiar with, and accopt th SIGNATURE         SIGNATURE       Signature, typed or profed name of registered agont, or both, in th agent. I am familiar with, and accopt th SIGNATURE         SIGNATURE       Signature, typed or profed name of registered agont, or both, in th agent. I am familiar with, and accopt th SIGNATURE         SIGNATURE       Signature, typed or profed name of registered agont, or both, in the schaefer, MICHAEL T         NAME       SCHAEFER, MICHAEL T         STREET ADDRESS       2038 IOWA AVENUE N.E         CITY-ST-ZIP       ST. PETERSBURG FL         TITLE       D         NAME       CHRISTIAN, PAUL         STREET ADDRESS       2 ADALIA AVE., #303         CITY-ST-ZIP       TAMPA FL         TITLE       NAME         STREET ADDRESS       CITY-ST-ZIP         TITLE       NAME <td>607.0502 and 607 the State of Florida. he obligations of, S gistered agent and tile it a FRS AND DiRECTO</td> <td>DELETE</td> <td>83       84       97       107       107       11       11       12       13       1.1       1.1       1.2       13       1.1       1.1       1.2       1.3       1.4       1.7       1.1       1.2       1.3       1.4       1.7       1.1       1.2       1.3       1.4       1.7       2.1       2.1       2.1       2.2       2.3       2.3       2.4       2.3       3.1       1.1       2.2       NAME       2.3       3.1       1.1       3.2       NAME       3.3       3.1       1.1       3.2       1.1       3.3       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1</td> <td>1 P A rporation submits this statement for the ation's board of directors. I hereby acc</td> <td>B5     Jp       a purpose of changing i       pept the appointment as       DATE       ICERS AND DIRECTO       Change       Change       Change       Change       Change       Change       Change</td> <td>Is registered registered RS IN 12 Additio Additio Additio</td>	607.0502 and 607 the State of Florida. he obligations of, S gistered agent and tile it a FRS AND DiRECTO	DELETE	83       84       97       107       107       11       11       12       13       1.1       1.1       1.2       13       1.1       1.1       1.2       1.3       1.4       1.7       1.1       1.2       1.3       1.4       1.7       1.1       1.2       1.3       1.4       1.7       2.1       2.1       2.1       2.2       2.3       2.3       2.4       2.3       3.1       1.1       2.2       NAME       2.3       3.1       1.1       3.2       NAME       3.3       3.1       1.1       3.2       1.1       3.3       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1	1 P A rporation submits this statement for the ation's board of directors. I hereby acc	B5     Jp       a purpose of changing i       pept the appointment as       DATE       ICERS AND DIRECTO       Change       Change       Change       Change       Change       Change       Change	Is registered registered RS IN 12 Additio Additio Additio	
8630 N. HIMES AVE., UNIT 20 TAMPA FL 63614         11. Pursuant to the provisions of Sections office or registered agent, or both, in the egent. I am familiar with, and accopt the Signature, typed or period name of registered agent, and accopt the Signature, typed or period name of registered address         Signature, typed or period name of registered agent, or both, in the egent. I am familiar with, and accopt the Signature, typed or period name of registered address         Signature, typed or period name of registered address         COFF ICC         TITLE         NAME         SCHAEFER, MICHAEL T         SCHAEFER, MICHAEL T         2038 IOWA AVENUE N.E         CHRISTIAN, PAUL         ST. PETERSBURG FL         TITLE         NAME         STREET ADDRESS         CITY - ST - ZIP         TITLE         NAME         STREET ADDRESS         CITY - ST - ZIP         TITLE         NAME         STREET ADDRESS         CITY - ST - ZIP         TITLE         NAME         STREET ADDRESS	607.0502 and 607 the State of Florida. he obligations of, S gistered agent and tile it a FRS AND DiRECTO	DELETE	83       84       977       107       107       107       107       11       11       12       13       1.1       1.1       1.2       1.3       1.1       1.1       1.2       1.3       1.1       1.1       1.2       1.3       1.1       1.2       1.3       1.1       1.2       1.3       1.4       1.7       2.1       2.1       2.1       2.1       2.1       2.1       2.2       NAME       2.3       3.1       1.1       3.2       3.1       1.1       3.2       1.1       1.1       1.1       1.1       1.1       2.1       2.1       3.1       1.1       3.2       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1	1 P A rporation submits this statement for the ation's board of directors. I hereby acc	FL     85     32       purpose of changing i     32       parte     32       DATE     Change       ICERS AND DIRECTO     Change       Change     Change       Change     Change	Is registered registered RS IN 12 Additio	
8630 N. HIMES AVE., UNIT 20 TAMPA FL-03014         11. Pursuant to the provisions of Sections office or registered agent, or both, in th agent. I am familiar with, and accopt th SIGNATURE         Signature, typed or periled name of registered agent, or both, in the agent. I am familiar with, and accopt the Signature, typed or periled name of registered address         12. OFFIC: TITLE         NAME         SCHAEFER, MICHAEL T         ST. PETERSBURG FL         TITLE         NAME         ST. PETERSBURG FL         TITLE         NAME         CHRISTIAN, PAUL         2 ADALIA AVE., #303         TAMPA FL         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS <td c<="" td=""><td>607.0502 and 607 the State of Florida. he obligations of, S gistered agent and tile it a FRS AND DiRECTO</td><td>DELETE</td><td>83       84       97       107       107       11       11       12       13       1.1       1.1       1.2       13       1.1       1.1       1.2       1.3       1.4       1.7       1.1       1.2       1.3       1.4       1.7       1.1       1.2       1.3       1.4       1.7       2.1       2.1       2.1       2.2       2.3       2.3       2.4       2.3       3.1       1.1       2.2       NAME       2.3       3.1       1.1       3.2       NAME       3.3       3.1       1.1       3.2       1.1       3.3       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1</td><td>1 P A rporation submits this statement for the ation's board of directors. I hereby acc</td><td>B5     Jp       a purpose of changing i       pept the appointment as       DATE       ICERS AND DIRECTO       Change       Change       Change       Change       Change       Change       Change</td><td>Is registered registered RS IN 12 Additio Additio Additio</td></td>	<td>607.0502 and 607 the State of Florida. he obligations of, S gistered agent and tile it a FRS AND DiRECTO</td> <td>DELETE</td> <td>83       84       97       107       107       11       11       12       13       1.1       1.1       1.2       13       1.1       1.1       1.2       1.3       1.4       1.7       1.1       1.2       1.3       1.4       1.7       1.1       1.2       1.3       1.4       1.7       2.1       2.1       2.1       2.2       2.3       2.3       2.4       2.3       3.1       1.1       2.2       NAME       2.3       3.1       1.1       3.2       NAME       3.3       3.1       1.1       3.2       1.1       3.3       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1</td> <td>1 P A rporation submits this statement for the ation's board of directors. I hereby acc</td> <td>B5     Jp       a purpose of changing i       pept the appointment as       DATE       ICERS AND DIRECTO       Change       Change       Change       Change       Change       Change       Change</td> <td>Is registered registered RS IN 12 Additio Additio Additio</td>	607.0502 and 607 the State of Florida. he obligations of, S gistered agent and tile it a FRS AND DiRECTO	DELETE	83       84       97       107       107       11       11       12       13       1.1       1.1       1.2       13       1.1       1.1       1.2       1.3       1.4       1.7       1.1       1.2       1.3       1.4       1.7       1.1       1.2       1.3       1.4       1.7       2.1       2.1       2.1       2.2       2.3       2.3       2.4       2.3       3.1       1.1       2.2       NAME       2.3       3.1       1.1       3.2       NAME       3.3       3.1       1.1       3.2       1.1       3.3       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1       1.1	1 P A rporation submits this statement for the ation's board of directors. I hereby acc	B5     Jp       a purpose of changing i       pept the appointment as       DATE       ICERS AND DIRECTO       Change       Change       Change       Change       Change       Change       Change	Is registered registered RS IN 12 Additio Additio Additio

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