## **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 # P9400093821 (4)

M. BRUCE GRIFFITH, P.A.

Principal Place of Business

Mailing Address

## **FILED** Jun 30 1997 8:00am Secretary of State



4882 GREENOR SARASOTA FL	TEENCROFT ROAD  TA FL 34235  Topal Place of Business		SARASOTA FL 34235-823	SARASOTA FL 34235-8234								
							3. Date Inc		d or Qualified	3a. Date 05/01/		Report
2. Principal P	lace of Busin	ness	2a. Mailing Address	2a. Mailing Address			4. FEI Nun			1 4-14-4		oplied For
21 .574	5 LAK	e Breeze Ci	T 26 5765 1 AVA	26 5765 Lake Breeze CT.			65-05	48653				ot Applicable
Sulte, Apt.	. #, etc.	S	Suite, Apt. #, etc.			• • • • • • • • • • • • • • • • • • • •		1000		<u></u>		Additional
22			27				5. Certifica	ite of Stat	us Desired			equired
City & Stat	te			City & State			6. Election	Compoio	o Einoneine		·	
23 SarasoTa FL					E1			_	_	П		May Be to Fees
Zip	Country		28 Samaso Ta	Country		<del></del>	Trust Fund Contribution  8. This corporation has liability for i			7,0000 10 7 000		
24 3423	. 2	25 USA	20 34233	30	USA		1	•	·			199.032,
9, Name and Address of Cu				1301	NSU		Florida Statutes Yes No  10, Name and Address of New Registered Agent					
ABIT			TOTAL NOBISERIOU AGENT		81 Nam		IV, IVALITO O	nu Audie	es of Hew Hei	Aletered whe	7411	
	FFMH, M. B					C						
l	2 GREENCR				82 Street Address (P.O. Box Number is Not Acceptable)							
SAR	ASOTA FL	34235			5.7	5765 Lake Breeze GT.						
					83							
				1	84 City					85 Zip Code		
					City	Sai	rasota			FL ľ	3 2 L	' <b>a</b> 33
11. Pursuant office or i agent. I a	to the provis registered ag am familiar wi	ions of Sections 607.0 jent, or both, in the Sta th, and accept the ob	502 and 607.1508, Florida Statuate of Florida. Such change was ligations of, Section 607.0505, F	utes, the a authoriza Torida Sta	above-name od by the co atutes.	ed corpo orporatio	oration submits on's board of c	s this state directors.	ement for the p I hereby accep	urpose of ch t the appoint	anging l	ts registered registered
SIGNATURE												
Signature, typed or printed name of registered agent						ure require	d when reinstating)			DATE		
12.	·	OFFICERS #	AND DIRECTORS		13.		ADDITION	VS/CHAN	GES TO OFFIC			
TITLE	P\$		☐ DELETE	1.1	TITLE					<u> </u>	Change	Addition
NAME	GRIFFITH, M B					1.2 NAME		_		_		
STREET ADDRESS		ENCROFT ROAD		13:	STREET ADDRESS	s 57	65 Lak	e Br	ceze Ct	5		
CITY-ST-ZIP	SARASOT	'A FL			DITY-ST-ZIP	Sa.	24 2014	FL	34233			
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TITLE			☐ DELETE	6.11						LJ	Change	Addition
NAME	J.J.	•		6.21	IAME							
STREET ADDRESS	4.			6.3 5	TREET ADDRESS	;						
CITY-ST-ZIP				640	H1Y-S1-7IP	1						

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 13 or Block 14 or Block 14 or Block 15 or Block 16 or Block 16 or Block 17 or Block 18 or Block 18 or Block 18 or Block 19 or Bloc