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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000019352 (0)

BILL CADRECHA AND ASSOCIATES, INC.

Principal Place of Business				Mailing Address				t is bring to the sale of still district and	*** ***** ******	/1 <b>09  </b> 1130   0111	
1300 E 7TH AVE TAMPA FL 33605				1300 E 7TH AVE TAMPA FL 33605-3808							
							3.	Date Incorporated or Qualified 12/29/1994		of Last Re 5/1996	eport
2. Principal Pi	lace of Business	2a. Mailing	2a. Mailing Address				FEI Number	<del></del>	Ap	plied For	
21		26					<b>59-3292276</b> Not Applicable				
Suite, Apt. #, etc.			——————————————————————————————————————	Suite, Apt #, etc.				Certificate of Status Desired		\$8.75 A	
City & State	·····	27 City 8.	City & State				Florie Orași Firmi		·····	····	
23		hn î	[28]				Election Campaign Financing  Trust Fund Contribution	П	\$5.00 Added t		
Zip	Zip Country		Zip			У		8. This corporation has liability for intangible tax u			
24	25		29		30					No	105.002,
	9. Name and	Address of Current	t Registered A	gent			10.	Name and Address of New Re	egistered Aç	jent	
CAL	DRECHA, CHAF	iles w			8	Name					
1300 E 7TH AVE					8:	Street Ac	ddress (P.	O. Box Number is Not Accepta	ble)		
TAMPA FL 33605								· · · · · · · · · · · · · · · · · · ·			
					8	3					
					8	City			F-1	<b>85</b> Zip (	Code
11 Purcuent	to the provisions	of Sections 607 0503	2 and 607 1508	Elorida Stalut	as thu sho	vo parmod co	ornation	eubmite this statement for the	FL purpose et s	banging it	e registered
office or r	egistered agent.	or both, in the State	of Florida. Such	change was	authorized b	by the corpo	ration's b	n submits this statement for the loard of directors. I hereby acce	pt the appoi	ntment as	registered
•	m 18miliar Wild, a	nd accept the obliga	itions of, Sectio	n 607.0305, FI	onoa Statute	es.					
SIGNATURE	Signature, typed or pri	nted name of registered ager	nt and title if applicab	ie (NOT	f Hegistered A	gent signature re-	quired when	reinstating)	DATE		
12.		OFFICERS AND	DIRECTORS		13.		Α	DDITIONS/CHANGES TO OFFI			
TITLE	P			☐ DELETE	1.1 DTLE				Ł	Change	Addition
NAME		, CHARLES W			1.2 NAME						
STREET ADDRESS	1300 E 7TH					T ADDRESS					
CITY-ST-ZIP	TAMPA FL 3	3600		DELETE	1.4 CITY-					Change	Addition
TITLE				L] VELCIE	2 1 TITLE	ł			L	Change	L.J Augilion (
NAME ATRICET ADDRESS					2 2 NAME						
STREET ADDRESS CITY-ST-ZIP					2 4 CITY	T ADDRESS					
TITLE	<del>-</del>			DELE16	31 TITLE	. 51-21		And the same same same same same same same sam	- I.	Change	Addition
NAME				_	3.2 NAME				_		
STREET ADDRESS						) ADDRESS					
CITY-ST-ZIP					3.4. CITY	-ST-ZIP					ľ
TITLE	<u> </u>			DELETE	4.1 TITLE					Change	Addition
NAME	•				4. 2 NAM	E .					
STREET ADDRESS					4.3 STREE	ET ADORESS					
CITY-ST-ZIP					4.4 CHY	ST-ZIP			*****		
TITLE				DELETE	5.1 TITLE				Ī.	Change	Addition
NAME					5.2 NAM						
STREET ADDRESS					5 3 STREE	T ADDRESS					
CITY-\$T-ZIP					5.4 CITY				· · · · · · · · · · · · · · · · · · ·		
TITLE				DELETE	6.1 1171.E				L	Change	Addition
NAME					6.2 NAMI						
STREET ADDRESS					6.3 S1RE	EL ADDRESS					i

4. 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.