## 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 # P95000025939 (6)

JOSEPH A. GOTZL, INC.

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Principal Place of Business				Mailing Address					1	I HOOFERDI HIE TRADI DIRK QOFA GOFAF DOFAF				1881 1881
16528 N. FLORIDA AVENUE LUTZ FL 33549				16528 N. FLORIDA AVENUE LUTZ FL 33549-8135										
									3.	Date Incorporated or Qualified 03/24/1995		te of La 26/19		port
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Applied For		
21				26					╙	59-3303529			Not	Applicable
Suite, Apt. #, etc				Suite, Apt #, etc.					5.	Certificate of Status Desired				dditional
City & State			27	City & State				***************************************	<u> </u>					quired
23				28				6.	Election Campaign Financing Trust Fund Contribution				May Be	
Zip		Country	[20]	Zip	1	Country			+	······		······	************	Fees
24		25	29		30		,		ļ .	This corporation has liability for it Florida Statutes		tax uno ∃No	ærs.	199.032,
		ind Address of Curre	····	tered Agent	1001	T			10.	Name and Address of New Reg				
SHO	ORT, PAUL F	······································			•	81	1	lame						
		TH STREET				82	-	trast Addra	/1	P.O. Box Number is Not Acceptab				
	APA FL 3306					02	1 5	nicel Addie	35 (1	F.O. Box Number is Not Acceptab	e,			
		•				83							**********	
						84	L	NA.				1221		
						04	Ι,	City			FL	85	Zip C	ode
office or ri agent. I a	m familiar with	and accept the obli	gations of	. Section 607.0505, F	lorida	Statute	S.			on submits this statement for the p board of directors. I hereby accep		cnangii ointmen	ng its it es r	registered registered
12.	Signature typed o	r printed name of registered a	<del></del>				ent s	ignature required			DATE	DIDEO	<del></del>	10.40
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STREET ADDRESS						5.3 STREET	T ADI	ORESS						

14. I do hereby certify that the information supplied with this filling 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.

6.4 CITY - ST-ZIP

SIGNATURE:

CHTY-ST-ZIP

NATURE AND TYPE OR PRINTED NAME OF SIGNING PACER OR DIRECTOR

1 22 97

(813) 265-9767

Daylime Phone (

**FILED** 

Jan 29 1997 8:00am

Secretary of State