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

P95000033671 (5)

Principal Place of Business Mailing Address 829 PAULS DRIVE 329 PAULS DRIVE BRANDON FL 33511 US US						
					3. Date Incorporated or Qualified 04/28/1995	3a. Date of Last Report 08/06/1996
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	#. etc.	26 Suite, Apt. #, etc.			59-3314657	Not Applicable \$8.75 Additional
22		27	<u> </u>		5. Certificate of Status Desired	Fee Required
City & State	· <u></u>	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
24	[25] 9. Name and Address of Curr	29 29 29 29 29 29 29 29 29 29 29 29 29 2	30		Florida Statutes L 10. Name and Address of New Re	
Sill	LIVAN, JOHN E.		81	Name		
329 PAULS DRIVE			82 Street Addre		ress (P.O. Box Number is Not Accepta	ble)
BRANDON FL 33511			83			
			84	City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered		13. 1.1 TITLE 1.2 NAME	ent a gnature requi	tion's board of directors. I hereby acce red whon reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
NAME STREET ADDRESS CITY-ST-ZIP		☐ DFLETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-	FADDRESS		Change Addition
TITLE		DELETE	31 TITLE	31-24		☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP	***************************************	Change Addition
NAME			4. 2 NAME	-		CT OWNER CT MARKING
STREET ADDRESS			4.3 STREE	I ADDRESS		
CITY-ST-ZIP			4.4 CITY - 3	ST-ZIP		
TITLE		☐ DELE1E	5.1 TITLE			☐ Change ☐ Addition
NAME CTOCCT ADDRESS			5.2 NAME	r ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.4 CHY-5	FADDRESS		
TITLE		DELETE	6.1 THLE	31 - 517		Change Addition
NAME .			6.2 NAME			
STREET ADDRESS			6.3 STREET	I ADDRESS		
CITY-ST-ZIP			6.4 CITY-5			
14. I do hereb informatio I am an of appears in	by certify that the information supping indicated on this annual report of the corporation in Block 12 or Block 13 if changed	illed with this tilling does not qual or supplemental annual reporties or the receiver or trustee empor , or the up attachment with an ad-	ity for the exe the and acc vered to exec dress;	emption stated urate and that oute this repo	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same leg- rt as required by Chapter 607, Florida	35. I further certify that the all effect as if made under oath; tha Statutes; and that my name

FILED

Mar 24 1997 8:00am

Secretary of State