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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041688 (9)

UN NEA	VLIT II, IP	1U.							
Principal Place of Business				ng Address				/ 	
2753 STATE RD 580 SUITE 105C CLEARWATER FL 34821			2753 SUITE	2753 STATE RD 580 SUITE 105C CLEARWATER FL 34621-3355					
·····							 Date Incorporated or Qualified 05/26/1995 	3a. Date of La 05/01/199	•
2. Principal Place of Business			}ı	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt	# etc		·····	Suite, Apt. #. etc.			59-3332026	00.5	Not Applicable
22			27	27			5. Certificate of Status Desired	Fee	75 Additional e Required
City & State			F1	City & State			6. Election Campaign Financing		00 May Be
23 Zip	Zip Country			Zip Country			Trust Fund Contribution	···	ded to Fees
24		25	29	•	30		 This corporation has liability for Florida Statutes 	ir intaligible tax uno ☐ Yes Ø No	ers. 199.032,
g. Name and Address of Current							10. Name and Address of New Registered Agent		
GIOI	RDANO, MI	CHAEL B			81	Name			
2753 STATE RD 580				82 Street Ad			ress (P.O. Box Number is Not Acceptable)		
SUITE 105C							- Total (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
CLEARWATER FL 34621				83					
					84	City		FL 85 2	Zip Code
11. Pursuant I office or re agent. I as	to the provis egistered ag m familiar wi	ions of Sections 607 jent, or both, in the S Ih, and accept the c	0502 and 607. State of Florida obligations of, S	1508, Florida Stati Such change was lection 607.0505, F	utes, the above authorized by Torida Statutes	e-named corp the corporal s.	poration submits this statement for the tion's board of directors. I hereby acc	purpose of changir ept the appointment	ng its registered t as registered
	Signature typed	or printed name of registers				nt signature requi	red when reinstating)	DATE	
12.	D	OFFICERS	AND DIRECTO	DELFTE DELFTE	13. 1.1 THLE		ADDITIONS/CHANGES TO OFF		
NAME	_	IO, MICHAEL B		בן אנוות	1.2 NAME			Chan	ige [] Audition
STREET ADDRESS	17 BAHA	-			1.3 STREET	Athbrece			
CITY-ST-ZIP	TAMPA F				1.4 CITY - S				
TITLE	D			DELETE	2.1 10 LE			☐ Chan	nge Addition
NAME	MOONEY	, bert e			2.2 NAME			.—	
STREET ADDRESS	DORESS 2787 SABAL SPRINGS CIR J-204			2.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	CLEARW.	ATER FL 34621			2. 4 CITY-	ST - ZIP			
TITLE				DELETE	3.1 1(1).[Chan	nge 🔲 Addition
NAME					3.2 NAME				
STREET ADDRESS					3.3 \$TREFT	ADDRESS			
CITY-ST-ZIP				DELETE	3.4. CITY - S	ST-2IP			and The Laboratory
TITLE NAME				L. Dett ic	4.1 TITLE 4. 2 NAME			L. J Chan	nge [_] Addition
STREET ADDRESS					4. 2 NAME 4.3 STREET	AUDDECC			
CITY-ST-ZIP					4.3 SINET				
TITLE			· ·	DELETE	51 1IILE	1.54		☐ Chan	nge Addition
NAME					52 NAME				
STREET ADDRESS					5.3 STREET	ADDRESS			
CITY-ST-ZIP		 			5.4 CITY - S	1 - ZIP			
TITLE		. —		☐ DELETE	61 TITLE			Chan	nge
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREET	ADDRESS			
CITY-ST-ZIP	nu poetit i ali -	I the information :	mbook with the	Olive deservit	6.4 CITY - S	T-ZIP	Lin Contine 440 03/01/0 5: 11 5		1 4 1
intormatio I am an of	in indicated of fficer or direc	on this annual renort	or supplement or the receive	ial annual report is er er trystee empo	true and accu wered to exec	irale and that	In Section 119.07(3)(i), Florida Statu my signature shall have the same leg t as required by Chapter 607, Florida	abem ti sa tasta ler	under Asth. that