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

POCUMENT # P95000043269 (6)

Principal Place of Business Mailing Address 6710 86TH AVE. PINELLAS PARK FL 34886-4502 PINELLAS PARK FL 33782-4502							
					3. Date incorporated or Qualified 06/06/1995	3a. Date of Last Repor 04/29/1996	t
2 Principal P	lace of Business	2a. Mailing Address		· 	4. FEI Number	Applied	d For
21		26			59-3328765		plicable
Suite, Apl	#, etc.	Suite, Apt. #, etc.		····	5. Certificate of Status Desired	\$8.75 Addit	ional
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May	/ Be
23		28			Trust Fund Contribution	☐ Added to Fe	
Zip 24	Country 25	Zip 29	Gountr 30	′y 	_1	Yes No	0.032,
	9. Name and Address of Curr	ent Registered Agent	B1	Name	10. Name and Address of New R	egistered Agent	
HICKS, MACK R 8710 86TH AVE.			82		ess (P.O. Box Number is Not Acceptable)		
PINE	ELLAS PARK FL 34666-4502		83		· · · · · · · · · · · · · · · · · · ·		
							····
			84	City		FL 85 Zip Code	Ð
SIGNATURE.	Signature Typod or printed harre of registered in	agent and little if applicable. (NOT	E: Registered A		poration submits this statement for the tion's board of directors. I hereby accended when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	
12.	D OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI		Addition
NAME	HICKS, MACK R	—	1.2 NAME				
STREET ADDRESS	6710 86TH AVE		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL 34866-4		1.4 CITY-	ST-ZIP			
THILE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			1	ET ADDRESS			
CITY ST-7IP		DELETE	2 4 CITY 3.1 TITLE			Change	Addition
NAME			3 2 NAME	1			
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY - ST - ZIF	· · · · · · · · · · · · · · · · · · ·		3.4. CITY		······································		····
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	ì			
STREET ADDRESS				ET ADDRESS			
CITY - ST - 7IP TITLE		DELETE	4.4 CITY- 5.1 TITLE			☐ Change	Addition
NAMÉ		Notice of Control	5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZP			54 CITY-				
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐	Addition
NAME.			6.2 NAME				

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 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. appears in Block 12 or Block MACK R HICKS

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CHY-ST-ZIP

FILED

May 01 1997 8:00am

Secretary of State