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

PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000047731 (1)

TAMPA BAY MAIDS OF BRANDON, INC. Principal Place of Business 803A W. MORGAN ST. BRANDON FL 33510 3 FO 5 IV: IT I MELS					
		Tompa, FI;	73607	3. Date Incorporated or Qualified 06/16/1995	3a. Date of Last Report 07/17/1996
2. Principal Pi	lace of Business	2a. Mailing Address 26		4. FEt Number 59-3320692	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Country	8. This corporation has liability for	
	9. Name and Address of Curre		···	10. Name and Address of New R	egistered Agent
SIERRA, ABELARDO III 3805 N. HIMES TAMPA FL 33607			81 Name 82 Street Addr 83	ess (P.O. Box Number is Not Accepta	ble)
			84 City		FL 85 Zip Code
office or r agent. I a SIGNATURE	Signature, lyped or printed name of registered ag	ent and title if applicable (NOTE:	thorized by the corporation of t	oration submits this statement for the ion's board of directors. I hereby acce ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIRRA, ABELARDO III 3805 N. HIMES TAMPA FL 33607	☐ DELETE	1 1 TILLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MMANCK, SEAN 203A VOMORGAN ST. BRANDON PL 33510	DELETE	2.1 THLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-7IP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIERRA, SANDRI 3805 N. HIMES Tomph (12) 38	DECENE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change [_] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change DAddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP		☐ Change ☐ Addilion
TITLE NAME		DELETE	6.1 TITLE 6.2 NAME		Change Addition

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 received or trade on the corporation or the received of the corporation of the corporation or the received of the corporation of t