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

FILED Apr 03 1997 8:00am Secretary of State

DOCUMENT # P95000051887 (4)							
1.7.7.7	IDUSTRIES, INC.						
2 A.P.						UP BRIBL BIBL (LAD) (ALA)	ACOR ADAL ACOR
Odratoni Dina	a of Puniness	Malling Address					
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dal Place of Business Mailing Address						79711 7841 14491
ST. PETERSBU	STREET NORTH RG FL 33714		5945 CARRIER STREET NORTH ST. PETERSBURG FL 33714-1030				
					2 Data Incorporated a Qualificat	Jan Day offer	at Day
					3. Date Incorporated or Qualified 07/01/1995	3a. Date of Lat 03/25/199	,
Principal Place of Business		2a. Mailing Address	2a. Mailing Address				Applied For
21) (22) (32)		26		59-3324531	Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	h1		5. Certificate of Status Desired		5 Additional Required
City & State		27 City & State			6. Election Campaign Financing		00 May Be
23	•	28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	intangible tax und	
24	25 Name and Address of Curre	29	30		Florida Statutes 10. Name and Address of New Re	Yes No	
FOR	9. Name and Address of Curre	iir nadisisisin Albaiii	81 N	lame	IV. Ivaline and Address of Ivew H	eAssessor Wileur	
FORD, HARVEY A 800 SECOND AVE., SOUTH, SUITE 380				·	ess (P.O. Box Number is Not Accepta	blo	
ST. PETERSBURG FL 33701				IIEUI AOOR	ess (F.O. Box Number is not Accepta		
			83				
N. S. S.			84 C	ity		85 2	Žip Code
44 Dureupht	to the provisions of Sections 607.0%	02 and 607 1508 Florida St	atutes the above no	mod corn	oration submite this statement for the	FL 85 6	on its registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida, Such change w	as authorized by the	e corporati	oration submits this statement for the on's board of directors. I hereby acce	pt the appointment	as registered
SIGNATURE	in raminal with, and accept the oblig	gations of, Section 600,0005	, Fonda Sialoles.				
	Signature, typod or printed name of registered ag		(NOTE_Flogistered Agent sig	gnature require		DATE	
12.	OFFICERS AN	VD DIRECTORS DELETE	13. 1.1 TOLE	T	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	
NAME	ALBRECHT, JOHN R		1.2 NAME				ge
STREET ADDRESS	4900 61ST AVENUE SOUTH		1.3 STREET ADD	RESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33175		1.4 CITY - ST - 71	P.			
TITLE	D	☐ DELETE	2.1 TITLE			Chan	ge 🛄 Addition
NAME	ALBRECHT, LINDA S 4900 61ST AVENUE SOUTH		2.2 NAME	Dice			
STREET ADDRESS OTY-ST-ZIP	ST. PETERSBURG FL 33175		2.3 STREET ADD 2. 4 CITY - S1 - Z	- 1			
TITLE	ATTERIOR DITO I E DO ILO	☐ DELETE	3.1 TITLE	<u>"</u>		☐ Chan	ge Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADD	l l			
CITY-ST-ZIP	<u> </u>	DELETE	3.4. C(1Y - S1 - 2)	IP		Chan	ge Addition
NAME		נ "] מנרנונ	4.1 711LE 4. 2 NAME	,		F=1 Cital	& CT VACITION
STREET ADDRESS			4.3 STREET ADD	RESS			
CITY-ST-ZIP			4.4 CITY-ST-ZI				
TITLE		DELETE	5.1 TITLE			Chan	ge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD				
CHTY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CMY- \$1 - ZH 6.1 THUE	P		☐ Chan	ge Addition
NAME		Otter	6.2 NAME		•		p /10011011
STREET ADDRESS		•	6.3 STREET ADD	RESS			
Butter Law Sun.			0.4.0124 07 74				1

64 City-St-ZIP

16. 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, I lorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.