PROFIT CORPORATION **ANNUAL REPORT**

1997



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FILED

May 16 1997 8:00am

Secretary of State

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Yes

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

Zip Code

DIVISION OF CORPORATIONS

DOCUMENT # P95000053225 (5)

9. Name and Address of Current Registered Agent

ROBY ENTERPRISES, INC.

SETTECASI, FRANK 1140 WISPER RUN COURT

LUTZ FL 33549

Principal Place of Business	Mailing Address			
301 SAND RIDGE DRIVE VALRICO FL 33594	301 SAND RIDGE DRIVE VALRICO FL 33594-4024			
		3, Date Incorporated or Qualified 07/03/1995	3a, Date of Last Report 01/06/1997	
2. Principal Place of Business	2a, Mailing Address	4. FLI Number	Applied	
21	26	59-3327226	Not App	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Dosired	S8.75 Additi	
City & State	City & State	6 Flection Compaign Figureina	\$5.00 w.	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

Country

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office of r agent. I a	egistered agent, or both, in the State of Florida. m familiar with, and accept the obligations of, S	Such change was au ection 607.0505, Flori	thorized by the corpor da Statutes.	ration's board of directors. I hereby accept the appointme	nt as registered
SIGNATURE	Signature, typed or printed name of registered agent and title it as	redicable (APAL)	Registered Agent signature req	guired when renstating) DATE	
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Ch	
NAME	SETTECASI, FRANK		1.2 NAME		
STREET ADDRESS	1140 WISPER RUN COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 \$11LE	□ Ch	ange 🔲 Addition
NAME	COLLA, TIM		2 2 NAME		
STREET ADDRESS	308 SAND RIDGE DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		2. 4 CITY - ST - ZIP	<u> </u>	
TITLE	D	DELETE	3.1 THLE	☐ Ch	ange 🔲 Addition
NAME	FLESHMAN, WILLIAM		3.2 NAME	•	
STREET ADDRESS	301 SAND RIDGE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		3.4. CITY - ST - ZIP		
TITLE	D	DELETE	4.1 Title	Ch	ange 🔲 Addition
NAME	LYNCH, JOHN		4. 2 NAME		
STREET ADDRESS	2619 MANOR OAK DRIVE		4 3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		4.4 CITY-S1-7IP		
TITLE		☐ DELF16	6.1 TILLE	Ch	ange 🔲 Addition
NAME			5.2 NAME		
STREET ADDRESS			5 9 STREET ADDRESS		
CITY-ST-ZIP			5.4 DITY-ST-ZIP		
TITLE	_	DELETE	6.1 TITLE	☐ Ch	ange 🔲 Addition
NAME.			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
AITH AT THE			0.4.0/11/ 03 3/0		

supplico with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the port in supplemental a fluid report is due and accurate and that my signature shall have the same legal effect as if made under eath; that ration or yie receives of trustee environmental to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information information indicated on this armust relating to am an officer or director of the corp. appears in Block 12 or Block/13 if of a

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