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

DOCUMENT # P95000053943 (3)

FILED Feb 18 1997 8:00am Secretary of State

Principal Place	ce of Busines	RN FRAME & TRIN	Mailing . 220 W. SUITE 1	BRANDON BLVD				3. Date incorporated or Qualified	3a. Date	of Last F		
Principal Place of Business 2a. Mailing Address								07/10/1995 4. FEI Number	09/2	3/1996	anlied Cod	
21. Principal Place of Business			26					59-3323849	Applied For Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5 Cardificate of Status Desired \$8.75 Additional				
22			27 City & State					Fee Required				
City & State			City & State					Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip		Country	Zip		Co	untry		8. This corporation has liability for in				
24		25	29		30				Yes 🔲		, , , , , , , , , , , , , , , , , , , ,	
	9, Name	and Address of Curre	nt Registered	Agent		L	T	10. Name and Address of New Rec	atered Ag	jent		
	era, Mary					81	Name					
		OON BLVD #101					Street Add	ress (P.O. Box Number is Not Acceptable	Number is Not Acceptable)			
BRANDON FL 33511												
						83						
					84	City		FL	85 Zip	Code		
office or agent. La SIGNATURE		gent, or both, in the Stati with, and accept the oblig dor printed name of registered as						poration submits this statement for the pi tion's board of directors. I hereby accep ired when reinstating)	the appoi	ntment as	registered	
12.		OFFICERS AN	D DIRECTORS		13.		•	ADDITIONS/CHANGES TO OFFICE	ERS AND D	IRECTOF	RS IN 12	
TITLE	PVST			☐ DELETE 1.1					Τ.	Change	Addition	
NAME		HOMAS D				NAME						
STREET ADDRESS		INTOSH CIRCLE ON FL 33510					ADDRESS					
CITY+ST-7IP TITLE	BRANU	UN FL 335 IU	· · · · · · · · · · · · · · · · · · ·	DELETE		CITY-S	ST-ZIP			Change	Addition	
NAME						NAME			_	Unlaing C	L.J Addition	
STREET ADDRESS	ĺ						ADDRESS					
CITY-ST-ZIP							ST-ZIP					
TITLE				DELETE		TITLE				Change	☐ Addition	
NAME					3.2	NAME						
STREET ADDRESS					3.3	STREET	ADORESS					
CITY - ST - ZIP				T			ST-ZIP			٦.,	— (
THILE				☐ DELETE		TITLE			L	Change	☐ Addition	
NAME						NAME						
\$TREET ADDRESS							ADORESS					
CITY-ST-ZIP TPILE		<u> </u>		☐ DELETE		CITY - S TITLE	SI - ZIP		-	Change	Addition	
NAME				- PETELE		NAME				ு வன்பிர	La Modritoli	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP							ST-ZIP					
TITLE				☐ DELETE		TITLE	7,5"		L	Change	Addition	
NAME						NAME				-		
STREET ADDRESS												
9 INTEL MOUNTSS					6.3	STREET	ADDRESS					

4. 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 or product with an address.

3/0/