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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000057961 (1)

## FILED Feb 11 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  10476 31ST STREET NORTH 10476 31ST STREET NORTH LARGO FL 34644							
					3. Date Incorporated or Qualified 07/25/1995	3a. Date of L 03/28/199	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	1 00/10/10/	Applied For
21 26				1711	59-3331039	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		75 Additional
22]				<del></del>			e Required
City & State City & State					6. Election Campaign Financing		.00 May Be
23 Z <sub>IP</sub>	Country	28 Zip	Country		Trust Fund Contribution		ded to Fees
24	25	<u>├─</u> `	30]	,	8. This corporation has liability for Florida Statutes	intangible tax uni Yes No	der s. 199.032,
24]	9. Name and Address of Curre		501		10. Name and Address of New Ro		
GIRI	REE, CHRISTINE M		81	Name			
	76 031ST STREET NORTH		100	01-114-	(5 C D )	LI-X	
	GO FL 34644		62	Street Add	dress (P.O. Box Number is <b>Not Accepta</b>	ible)	
·			83	1			
			-				
			84	City		FL   65	Zip Code
office of agent. I siGNATURE.					poration submits this statement for the ation's board of directors. I hereby acceured when reinstating)	DATE	nit as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	CTORS IN 12
TITLE	D	☐ DELETE	1,1 TELE			☐ Chi	ange
NAME	GIBREE, CHRISTINE M		1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY+ST-ZIP	LARGO FL 34644		1.4 CITY-1	ST-ZIP			
TITLE		☐ DELÉTE	2.1 TITLE			Ch.	enge 🔲 Addition
NAME			22 NAME				
STREET ADDRESS			23 STREE	T ADDRESS			
CITY-ST-7#			2.4 CITY-	ST-ZIP			
TITLE	☐ DELETE		3 1 TITLE	1		L. Ch	ange L. Addition
NAME			3.2 NAME				
STREET ADDRESS				ADDRESS			1
CHTY-ST-ZIP TITLE		[ ] DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP		□ Ch	ange Addition
i				1		On	nde f"T vonnou
NAME STREET ADDRESS			4. 2 NAME	T ADDRESS			
CITY-ST-ZIP							
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE			Ch	ange Addition
NAME		bosed	5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY - S1 - ZIP			5.4 CITY-		•		ĺ
TITLE		DELETE	6.1 TITLE	T. Ell		Ch	ange
NAME		<del></del>	6.2 NAME	}			
STREET ADDRESS				T ADDRESS			
CHY-ST-ZIP			6.4 CITY -	i			

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.

SIGNATURE



<u>91370J</u>