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

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DOCUMENT #	P95000063925	(8)

HOGAN Principal Place 101 E. KENNE SUITE 4000 TAMPA FL 336	- BURT DEVELOPMENT, e of Business DY BLVD	Mailing Address 101 E KENNEDY BLVD SUITE 4000 TAMPA FL 33602-5152			
US		US		3. Date incorporated or Qualified 08/18/1995	3a. Date of Last Report 04/30/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 59-3332101	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	9. Name and Address of Curr	29 29 Appletered Appent	30	Florida Statutes 10. Name and Address of New R	Yes No
SUI TAA	EAST KENNEDY BLVD. TE 3700 BARNETT PLAZA APA FL 33602		83 84 City	dress (P.O. Box Number is Not Accepta	FL 85 Zip Code
11. Pursuant office or raggent 1 a SIGNATURE	Signature: Typici or printed hanse of registered		tes, the above-named co authorized by the corpor orida Statutes. TE Registered Agent signature req	rporation submits this statement for the ation's board of directors. I hereby accelured when reinsteing) ADDITIONS/CHANGES TO OFFI	DATE
TULE NAME STREET ADDRESS	C MICHAEL D. HOGAN 101 E. KENNEDY BLVD., SU	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-S1-ZIP	TAMPA FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	<u> </u>	Change Addition
NAME STREET ADDRESS O(TY+ST+ZIP	JAMES T. TSURT 101 E KENNEDY BLVD, SUI TAMPA FL		5	James T. Burt, II	
TITLE NAME STREET ADDRESS	TAMILY 1.E	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ecietary and Treason Raymond E. Mills 101 E. Kennedy Blva	x. Suite 4000
CITY - ST - ZIF TITLE NAME STREET ADDRESS		DELETE	3.4. CITY-ST-ZIP	Татра Ги 336	Change Addition
CHY-ST-ZIP TITLE NAME STREEL ADORESS		☐ DELETE	4.4 City-St-2IP 5.1 Title 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CHY-ST-ZIP THUE NAME STREET ADDRESS		DELETÉ	5.4 CITY - ST - ZIP 6.1 TITLE 62 NAME 6.3 STREET ADDRESS		☐ Change ☐ Addition
CITY - \$1 - ZiP			6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY

(813) 274-80

FILED

Apr 07 1997 8:00am

Secretary of State

Daytime Phone