## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000068492 (4)

DOCUMENT #

Principal Place of Business	Mailing Address			
16711 NORWOOD DR	P O BOX 270452			
TAMPA FL 33624	TAMPA FL 33688-0452			

## **FILED** Aug 14 1997 8:00am Secretary of State

EAKIM	KEEPERS, INC.						
Principal Plac	e of Rusiness	Mailing Address			1	JIAN EBRID DINGI NGUN #IFID IDAN IN	
16711 NORWO		P O BOX 270452					
TAMPA FL 33624 TAMPA FL 33688-0452							
		***************************************			DO NOT WRITE	E IN THIS SPACE	
					3. Date Incorporated or Qualified		rt
					09/06/1995	06/03/1996	
2. Principal P	lace of Business	28. Mailing Address			4. FEt Number	Applie	d For
21		26			59-3332467		oplicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 Addi	
22		27				Fee Requir	
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May	
23	Country	<b>28</b>	Countre		Trust Fund Contribution	Added to Fe	
Zip 24	<u>├</u> ¬	<b>├</b> ──¬ `		<i>'</i>	This corporation owes or has p  Descend Property Tay due, live		
24	25] 9. Name and Address of Currer	29 nt Registered Agent	[30]		Personal Property Tax due Juni 10. Name and Address of New Ri		
TUE	LAW FIRM OF LAWRENCE J S		81	Name	10. None and real case of their tr	-giotorou Agoint	
		PRESECUTIVE					
343 ALMERIA AVENUE CORAL GABLES FL 33134				82 Street Address (P.O. Box Number is Not Acceptable)			
CO	NAL GABLES FL 33134		83	<del> </del>		<del></del>	
			03				
			84	City		85 Zip Code	е
				L	orporation submits this statement for the	FL   S   Z   P COO.	
SIGNATURE	m familiar with, and accept the oblig				quired when rainssating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		V 12
TATE	DST	DELETE	11 TITLE			<b>⊈</b> Change	Addition
NAME	DEFOREST-RAIANO, DEANNE	•	1.2 NAME		16816 Bell wood	Manar	
STREET ADDRESS	16711 NORWOOD DR		1.3 STREE	T ADDRESS	,	لعرر	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-1	ST-ZIP	16816 Bell wood Tampa, FL 33 16816 Bellwood Tampa, FL	1618	
TOTLE	DP	☐ DELETE	2 1 TITLE		•	Change	_ Addition
NAME	RAIANO, ANTHONY		2 2 NAME	ł	11.011 Rellinged	Manac	
Street address	16711 NORWOOD DR		2 3 STREE	T ADDRESS	16816 DETIMORE	TIBUTO	
CITY-ST-ZIP	TAMPA FL 33624		2. 4 CHY-	ST-ZIP	Tampa, FL	33418	
TITLE		☐ DELFTE	3.1 TITLE		• •	Change	_] Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST - Z(P			
TITLE		☐ DELETE	4.1 TITLE			Change _	_] Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-1	ST - 21P			
TITLE		☐ DELETE	5.1 TITLE			Change _	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	1 ADDRESS			
CITY-ST-ZIP			5.4 CITY-1	ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change _	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-1	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 empsywered 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 organization with an address.