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

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 17 1997 8:00am

Secretary of State

Daytime Phone #

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000081627 (8)

Principal Place		Mailing Address		······································		
NEW PORT RIC	HEY FL 34652	NEW PORT RICHEY FL 34	652-6257		3. Date Incorporated or Qualified	3a. Date of Last Report
		··· <del></del>			10/23/1995	09/13/1996
	lace of Business	2a. Mailing Address 26			4, FEI Number 65-0629028	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.				- \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stali	9	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
7ip <b>24</b>	Zip Country Zip		Gountry 30		8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
4     25     29    9. Name and Address of Current Registered Agent		29   t Registered Agent	1301		10. Name and Address of New Registered Agent	
FRY.	DEBORAH J		81	Name		T
3808 US HIGHWAY 19			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)
NEW PORT RICHEY FL 34652			83	ļ <u>-</u>		
			B4	City		85 Zip Code
PART			1	1 ""		FL
SIGNATURE	egistered agent, or born, in the State or familiar with, and accept the obligation Signature, typed or ported name of registered age				poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)	DATE
12.	OFFICERS AND	****	13.		ADDITIONS/CHANGES TO OFFIC	
1ITL <del>f</del>	PD FRY, DEBORAH J	DELETE	1.1 TITLE			Change Addition
NAME STREET ADDRESS	1011 WILLOWBRANCH AVE.		1.2 NAME	T ADDRESS		
CITY- ST- ZIP	CLEARWATER FL 34624			ST-ZIP		
THILE	<b>SD</b>	DELETE	2.1 TITLE			Change Addition
NAMÉ	LAUFER, EREL		2.2 NAME			
STREET ADDRESS	DALLA 144 DD OD PL 04000		i i	T ADDRESS		
CHY-S1-ZIP THUE	D	DELETE	2 4 CITY- 3 1 TITLE	51-217		Change Addition
NAME	1100000 04114		32 NAME			
STREET ADDRESS			3 3 STREE	T ADDRESS		
CHTY-ST-ZIP	CLEARWATER FL 34621	☐ DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP		Change Addition
TITLE NAME		C) DEFETE	4.1 I I I I			Criange Absolute
STREET ADDRESS				T ADDRESS		
CITY-ST-7IP			4.4 CITY-	S1-ZIP		······································
1111.[		☐ DELETE	5.1 TITLE	Ì		Change Addition
NAME PROCES ANDSON			5.2 NAME			
STREET ADDRESS CITY+S1-ZIP			5.3 STREE 5.4 CITY -	T ADDRESS ST-7IP		
THEF		☐ DELETE	6.1 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			. I	T ADDRESS		
011Y-\$1-2iF 14 1 do beret	ny certify that the information supplier	with this filling does not gual	6.4 CITY-	emption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
information I am an o appears	In indicated on this annual report or s flicer or director of the corporation or h Block 12 or Block 13 if changed or	upplemental annual report is the receive for trustee empor on an attachment with an ac	true and acc wered to exe idress	urate and tha	at my signature shall have the same legs ort as required by Chapter 607, Florida S	il effect as if made under oath; that italutes; and that my name

president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR