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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

ITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091236 (6)

Suite, Apt. #, etc. Suite Ap	Brincipel Plac Standard Place See Hwy. 92 TAMPA FL 336 US	95	Mailing Address 7 9 -0609-HWY, 92 TAMPA FL 33610-5990 US				
2. Principal Place of Business 2s. Maling Address 2s. Maling Address 2s. 358569 Not Applicable Suite, Apt. 4, etc. 2s. 2s.	1				1 . '		
Suite, Apt. #, etc.	2. Principal P	lace of Business	2a, Mailing Address				
Suite. Apt. #, etc.	21		}¬		t .	}	
Zip	Suite, Apt.	#, etc.					
Zip Country Zip Country Zip Country B. This corporation has liability for intemplible tax under s. 190.032 Florida Statutas Yos No No NERS, ALVIN September Signature Si		0	City & State				
9. Name and Address of Current Registered Agent AVERS, ALVIN J	23						
AYERS, ALVIN DELETE ADDRESS Control Registered Agent 10. Name and Address of New Registered Agent AVERS, ALVIN 22 MAKE 23 SERET ADDRESS 13 SERET ADDRESS 14 DELETE 23 SERET ADDRESS 14 DELETE 24 TITLE DELETE 24 MAKE 33 SERET ADDRESS 15 SERET ADDRESS	<u> </u>		├	· ·			
AYERS, ALVIN J - 6202 TRENE ST. JAMPA FL-33640 TAMPA, FL 33670 180 Street Address (P.O. Box Number is Not Acceptable) Transpa, FL 33670 180 Street Address (P.O. Box Number is Not Acceptable) Transpa, FL 33670 180 City FL B5 Zip Code The provisions of Sections 607,0002 and 607,1508 Florida. Statutes, the above named corporation submits this statement for the purpose of hanging its registered agent, a minimizer with, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the poporitionent as registered agent, a minimizer with, and accept the obligations of, Section 607,000, Florida Statutes. SIGNATURE Signature, hyede or present named registered agent and life? Arejectable 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 AVERS, ALVIN AVERS,	24			[30]			
### Street Address (P.O. Box Number is Not Acceptable) #### Street Address (P.O. Box Number is Not Acceptable) ###################################	AVEOC ALVIN I						
### City	8202	TRENE ST. 9519 Hu	14 92 E	82 Street Ad	idress (P.O. Box Number is Not Acceptable)		
### City ### Bs Zip Code ### Trusuant to the provisions of Soctions 607.05.02 and 607.15.08, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Soction 607.05.05, Florida Statutos. #### Signature: The continue of the provisions of soctions 607.05.05, Florida Statutos. #### Signature: Signature:	JAM	MATE 33040 TAMPA, F	L 330/0	83			
### Pursuent to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, this above named corporation submits this statement for the purpose of changing its registored of office or registered agent, or both, in the State of Torida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE		•					
SIGNATURE	1			1- 1,		FL!!	
Signature, typed or prented name of registered agent and like if applicable (NOTE Registered Agent signature required when reinstanting)	*11: *Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
TIRE D DELETE DE	SIGNATURE	Signature, typed or printed name of registered ag	ent and little if applicable (NOT	E. Registered Agent signature rec	oulted when reinstatino)	DATE	
DELETE DELETE 2.1 TILLE Change Addition NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS 3.2 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition Addi				13.	ADDITIONS/CHANGES TO DEFICER	··	
DELETE DELETE 2.1 TILLE Change Addition NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS 3.2 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition Addi	1	_	DELETE	1.1 1111.6	AYERS, ALVIN	Change	
DELETE DELETE 2.1 TILLE Change Addition NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS 3.2 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition Addi	(1.2 NAME	9519 XWY 92E		
DELETE DELETE 2.1 TILLE Change Addition NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition Addition NAME STREET ADDRESS 3.2 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition Addi	1 1			1.3 STREET ADDRESS	TAMPA, FL 33610	Į į	
NAME		ZECTINHILLO FL 33340	Diffe	1.4 0111-31-24		Change Addition	
23 STREET ADDRESS 2.4 CITY-ST-ZIP			_ otte			CT Quantite CT Monitori	
Color Colo	· .					1	
NAME	CITY-ST-ZIP			4			
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 3.5 STREET ADDRESS 4.2 CHY-ST-ZIP 3.5 STREET ADDRESS 4.5 CHY-ST-ZIP 3.5 STREET ADDRESS 5.1 STREET ADDRESS 5.3 STREET ADDRES	TITLE	,	DELETE.	3 1 TITLE		Change Addition	
OFF STATE State Stat	1						
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STAFET ADDRESS *** *ITY-ST-ZIP 4.4 CITY-ST-ZIP *** *ITILE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS							
NAME 4.2 NAME \$TREEL ADDRESS 4.3 STAFEL ADDRESS *ITY-ST-ZIP 4.4 CITY-ST-ZIP *TITLE DELETE 5.1 TITLE NAME 5.2 NAME \$TREEL ADDRESS 5.3 STREEL ADDRESS			T DELETE			Change Addition	
### ### ##############################	NAME		- Detection				
174-51-21P	STREET ADDRESS	••					
NAME \$100 STREET ADDRESS 5.3 STREET ADDRESS	1			1			
STREET ADDRESS 5.3 STREET ADDRESS	TITLE		DELETE	5.1 11TLE		Change Addition	
	NAME						
	STREET ADDRESS						
	CITY-ST-ZIP		Driete	5.4 CHY-ST-ZIP		Change Addition	
	NAME		L. Delle	.		El change El vogition	

63 STREET ADDRESS

Ido 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 it changed, or on an attachmont with an address.

IGNATURE:

| Service | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |