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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

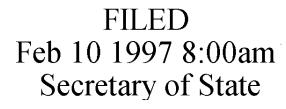
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000095710** (6)

THADATHIL CORPORATION

Principal Place of Business	Mailing Address
13718 SETH AVENUE N	13718 96TH AVENUE N
SEMINOLE FL 34848	SEMINOLE FL 33776-2225





13718 BETH AVENUE N SEMINOLE FL 34846		13718 BETH AVENUE N SEMINOLE FL 33776-2225							
								ite of Last Report	
2. Principal P	Place of Business	2a. Mailing Addr	ess			4. FEI Number	4-14-11	.,	oplied For
21		26				59-3351904			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.				_ \$		Additional
22		27				5. Certificate of Status Desired	☐ य		equired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country	'	8. This corporation has liability for in	ntangible tax	under s	199.032
24	25	29	30]			Yes 🔲 N		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Reg	istered Age	nt	
	Dathil, Thomas			81	Name				
1371	8 86TH AVENUE N			82	Street Add	dress (P.O. Box Number is Not Acceptable			
SEM	INOLE FL 34646			02	Oneer Add	5005 (F.O. DOX NOTIDOLIS NOT Acceptable	<i>-</i> /		
				83					
					00			- r	
				84	City		FL 8	5 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florid	la Statutes.	the above	e-named cori	poration submits this statement for the pr	rnose of cha	ngina it	s registered
OTHER OF I	registered agent, or both, in the State arm familiar with, and accept the obligation	of Florida. Such chan	ae was auth	iorized by	/ the corpora	ation's board of directors. I hereby accep	t the appoint	nent as	registered
•	im lamiliar with, and accept the obliga	mons or, Section 6073	usos, Floridi	a Statutes	S.				
SIGNATURE	Signature, typod or printed name of registered ager	of and title if anytherable	(NICOTA - Dz.	on everal Age	ed citaratura cami	ired when reinstating)	DATE		
12.	OFFICERS AND		fiscut : Mo	13.	ня відпаліте годи	ADDITIONS/CHANGES TO OFFICE		RECTOR	S IN 12
TITLE	D	DE	LÉTE	1.1 TITLE	.			Change	Addition
NAME	CHACKO, THADATHIL			1.2 NAME			_		
STREET ADDRESS	13718 86TH AVENUE NORTH			1.3 STREET	ADORESC				
CITY-ST-ZIP	SEMINOLE FL 34846			1.4 CITY - S					
TITLE	D	DE	LETÉ	2.1 TITLE	n- Zir		П	Change	Addition
NAME	THADATHIL, THOMAS	ال ال	· -	2.1 THEE				- nange	
10000	-13718 86TH AVENUE NORTH			2 3 STREET	ADDDESO				
CITY-ST-ZIP	SEMINOLE FL 34646			2 4 CITY-5					
TITLE		DE	LETE	2 4 CHY-S	21 - 217			Change	Addition
NAME		L_ 00		32 NAME				onange	F"1 VOUITION
STREET ADDRESS				33 STREET	VODDECC.				
CITY-ST-ZIP									
TITLE		DE DE	LETE	3.4 CITY-5	S1 - Z(P			Change	Addition
NAME		, – –		4.1 SHLE			[]	onange	□1 Modifion
STREET ADDRESS					ADDDCCC				
				4.3 STREET					
CITY-ST-ZIP TITLE		DE	LETE	4.4 CITY - S 5.1 TRLE	1-712			Change	Addition
NAME		<u> </u>	CLIL				L	onange	Monings —
			-	5.2 NAME	IDDD565				
STREET ADDRESS				5.3 STRFE1					
City-St-ZIP		T or	r T T	5.4 CITY - S	T- ZIP			<u> </u>	1 4
TITLE		☐ DE	itlt	G.1 THEF				Change	Addition
name .				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY - S	1-71P				

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.

STEATHER DECEMBER AND A STATE OF STATE