FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT



FLORIDA DEPARTMEN

FILED Apr 24 1997 8:00am

ANNU	JAL REPORT Secretary of Sold Division of Corp		y of St		Secretary of State			
	MENT # P9 NSULTANT INCOME	600000654 RPORATED	42 (0)			E ADDRIDON HIE OFING BOULE BEING SERVI DOUIT DE	OK DENIO ENIO DANKENDIO	1101 18 11
Principal Place of Business 10606 N. ASTER AVENUE TAMPA FL 33612-6905		10606 N.	Mailing Address 10606 N. ASTER AVENUE TAMPA FL 33612-6905		<u>,, </u>			
IAMIA IL VIV	12000	(**************************************				3. Date incorporated or Qualified	3a. Date of Last Re	eport
A 63.		B- Name				01/22/1996		ation For
<u>-</u>	lace of Business	2a. Maili 26	ng Address			4. FEI Number 59-3402800		plied For t Applicable
Suite, Apt	#, etc.		, Apt #, etc.		·	T	¢0.75 A	
22		27				5. Certificate of Status Desired	Fee Re	quired
City & Stat	'e	<u>├</u>	& State			6. Election Campaign Financing	\$5.00	
23 Zip	Countre	/ 28 Zip		Country			Added to	
24]	25	29		30 Cintry		8. This corporation has liability for int	Yes Kinoeis.	199.032,
		ss of Current Registered				10. Name and Address of New Regi		
CT	CORPORATION SYST	TEM		81 N	ame			
1200 SOUTH PINE ISLAND ROAD					treet Addre	ess (P.O. Box Number is Not Acceptable)	
PLA	NTATION FL 33324			'				
	•			83				
				84 (ity		FL 85 Zip (Code
11. Pursuant	to the provisions of Sect	ions 607.0502 and 607.15	08. Florida Statute	as, the above-n	amed corp	oration submits this statement for the pur		s registered
office or i	registered agent, or both	, in the State of Florida, Su	ich change was a	uthorized by th	e corporati	oration submits this statement for the purion's board of directors. I hereby accept	the appointment as	registered
SIGNATURE	in tantila with, and acco	opt the abilgations of occi-	3011 001 .0000, 110	TOD OWNSION.				İ
		of registired agent and title if applic		Registered Agent a	gnature requir		DATE	
12.		FFICERS AND DIRECTORS	S Delete	13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE NAME	D Zimmerman, Hele	N	L. J DECERE	1.1 TITLE 1.2 NAME			the state of	
STREET ADORESS	10606 N. ASTER A			1.3 STREET AD	DRESS			
CITY - ST - 7IP	TAMPA FL 33612-6			1.4 CITY-ST-Z				İ
TITLE			DELETE	21 TITLE			Change	Addition
NAME				22 NAME				
STREET ADDRESS	1			23 STREET AD	DRESS			
CITY - ST - ZIP			DELETE	2 4 CITY - ST - 2	21P		Change	Addition
TITLE			C DETEN	3 1 TITLE 3.2 NAME			L_1 Change	Addition
NAME STREET ADDRESS				3.3 STREET AD	of Page 1	•	٠	
CITY-ST-ZIP				3.4. City - St -	1			
THLE			DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET AD	DRESS	\mathfrak{V}_{\prime}	d) all	
CITY - S1 - ZIP			Druete	4.4 CITY - ST - Z	IP	<u></u>	Choose	Addition
TITLE			DELETE	5.1 TITLE		· ·	Change	□ Vacuusi
NAME STREET ADDRESS				5.2 NAME 5.3 STREET AD	nress	`	ν	
CITY-S1-ZIP	1			5.4 CITY-ST-2				
TITLE			DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME	a st	00000215	7061	
STREET ADDRESS				6.3 STREET AD	DRESS	***178.60	. 501	
City-St-ZIP				6.4 CITY-ST-7	DP '			

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 as on an attachment with an address.

SIGNATURE:

Summer Man of Browning April 19

813 978-0760