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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # 1, Corporation Name P96000015473 (7)

Principal Place 388 CLEARFIEL SPRING HILL I	LD AVE	Mailing Address 368 CLEARFIELD AVE SPRING HILL FL 34606-63	14				
					3. Date Incorporated or Qualified 02/16/1996	Sa. Date of Last Report	
Principal Place of Business The Principal Place of Business The Principal Place of Business		2a, Mailing Address 26			4. FEI Number 59-3379326	Applied For Not Applical	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	h		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip Country		· · · · · · · · · · · · · · · · · · ·	Zip Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for injungible tax under s. 199.032,		
24	25	29	30	' '	Florida Statutes		
	g. Name and Address of Current Registered Agent		1001	10. Name and Address of New Registered Agent			
CAN	VALE, ANTHONY A		6	1 Name			\neg
	CLEARFIELD AVE		Ë	2 Street	Address (P.O. Box Number is Not Acceptable	\	-
SPRING HILL FL 34606					Tooless (1.6. Dox Hamber is Not Acceptable	, 	
			6	3			
			8	4 City		85 Zip Code	
		500 L007 (500 E)		<u>l , </u>		FL	
office or r	registered agent, or both, in the Sta im familiar with, and accept the obt	te of Florida Such change was a section of Section 607.0505. Florida	es, the abo authorized l	ve-named by the corp	corporation submits this statement for the pur coration's board of directors. I hereby accept	pose of changing its registers the appointment as registered	oo be
•	im ramiliar with, and accept the obt	igations of, Section 607.0505, Fi	onga Statut	es.			
SIGNATURE	Signature: Typed or proted name of registered a	agent and lifte if applicable. (NOT	E: Registered A	gent signature	required when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TOTLE	D DELETE CANALE, ANTONIO 200 CLEADERED AVE		1.1 TITLE		D=0`=.1=0	Change 🔲 Addit	ion
NAME			1.2 NAM	E	RESIGNED		
STREET ADDRESS	368 CLEARFIELD AVE		1.3 STRE	et address	-		
CITY - ST - ZIP	SPRING HILL FL 34606 D SOELETE		1.4 CITY	····		N 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE	CANAL P. OULOTINA		2.1 TITLE		RESIGNED	Change Addit	.ion
NAME	368 CLEARFIELD AVE		2.2 NAM		RIESTONOS		
STREET ADDRESS CITY-S1-7IP	SPRING HILL FL 34606			ET ADDRESS	f *	" •	
TOTALE	D	DELETE	3.1 TITLE	-ST-ZIP	Ь	Change	ion
NAME	CANALE, ANTHONY A	Bushelf / V	3.2 NAM		CONALE ANTHONY A	And amage and some	
STREET ADDRESS	368 CLEARFIELD AVE			ET ADDRESS	CANALE, ANTHONY A 1061 ALADOIN Rd.		
CITY - \$1 - ZIP	SPRING HILL FL 34806			-ST-ZIP	SPRING HILL, FL 34609		
TITLE		DELETE	4.1 TITLE			Change Addit	ion
NAME			4. 2 NAM	IE .			
STREET ADDRESS			4.3 \$TRE	et address			
CITY - ST - ZIP	**************************************		4.4 CITY	- ST- ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addit	ion
NAME:			5.2 NAM	E			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CiTY+\$1+ZIP			5.4 CITY	-ST-ZIP			
TOTLE		DELETE	6.1 TITLE			☐ Change ☐ Addit	ion

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 ampdal 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 trusted empowered to execute this report as fequired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block /3 if changed of on an attachment with an address.

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

352-683-4002

FILED

Feb 03 1997 8:00am

Secretary of State