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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P96000015906 (6)

## FILED May 15 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  7915 N. OSTEEN RD. NEW PORT RICHEY FL 34652  Mew PORT RICHEY FL 34653-1322									
						3. Date Incorporated or Qualified 02/19/1996	<b>3a.</b> D	ate of Last f	Report
2. Principal Place of Business	2a. Mailin	g Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number			pplied For
21	26					59-3374358			lot Applicable
Suite, Apt. #, etc	Suite,	Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	City &	State				6. Election Campaign Financing			May Be
23	28					Trust Fund Contribution			to Fees
Zip Country	Zip		Cou	intry		8. This corporation has liability for			s. 199.032,
24 25	29	····,	30				Yes		
9. Name and Address of Current	Registered A	\gent			NI	10. Name and Address of New Ro	giatered	Agent	
GALLAGHER, KEVIN				81	Name				
7915 N. OSTEEN RD.				82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
NEW PORT RICHEY FL 34652				83	l		·		
				00					
				84	City		FL	<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	and 607.1508 f Florida. Suc	8, Florida Statut h change was	tes, the al	bove d by	e-named corp the corporat	poration submits this statement for the ion's board of directors. I hereby acce			its registered registered
agent I am familiar with, and accept the obligati	ions of, Section	on 607.0505, Fi	orida Stat	tutes	S.				
SIGNATURE Signature, typed or profest name of registered agent	and title d sortice	ble (NO)	TF Banistera	d Ana	nd stonature requir	red when reinstating)	DATE	<del></del>	
12. OFFICERS AND			13.	0 (100	in bignature region	ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
THEE D		DELETE	1.178	TLE				Change	Addition
NAME GALLAGHER, KEVIN			1.2 N	AME					
STREET ADDRESS 7915 N. OSTEEN RD.			1.3 \$1	TREET	ADDRESS				
City-St-20: NEW PORT RICHEY FL 34652			1.4 (1	ITY - \$1	T - ZIP				
TOTALE		☐ DELETE	2.1 Ti	TLE	[			Change	☐ Addition
NAME			2.2 N	AME	)				
STREET ADDRESS			2.3 \$1	TREET	ADDRESS				
City-S1-ZiP			2,40	ITY-S	ST - ZIP				·
TOLE		DELETE	3.1 TI	TLE	. }			Change	Addition
NAME								-	
			32 N	AME	}				
STREET ADDRESS					ADDRESS				
City-SI-ZiP			3.3 S	TREET			····		
)		DELETE	3.3 ST 3.4. C 4.1 TI	TREET SITY-S ITLE			······································	☐ Change	Addition
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City-ST-ZIP TIFLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME		•	3.3 S <sup>2</sup> 3.4 C 4.1 TI 4. 2 M 4.3 S <sup>2</sup> 4.4 CI 5.1 TI 5.2 N	ireet City-s Itle Wame Treet Ity-s Itle Ame	ADDRESS Y-ZIP				
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City-ST-ZIP  TIFLE  NAME  STREEL ADDRESS  City-ST-ZIP  TITLE  NAME  STREEL ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP		. DELETE	3.3 S' 3.4 C 4.1 TI 4.2 h 4.3 S' 4.4 CI 5.1 TI 5.2 N 5.3 S' 5.4 CI	TREET CITY-S TILE HAME TREET TILE AME TREET	ADDRESS Y-ZIP  ADDRESS ADDRESS			☐ Change	Addition
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City-ST-ZIP TIFLE NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE UNITERIAL STREET ADDRESS CITY-ST-ZIP TITLE		. DELETE	3.3 S' 3.4 C 4.1 TI 4.2 M 4.3 S' 4.4 CI 5.1 TI 5.2 N 5.3 S' 5.4 CI 6.1 TI 6.2 N 6.3 S'	TREET  THE  VAME  TREET  THE  TREET  THE  TREET  THE  TREET  THE  TREET  THE  THE	ADDRESS Y-ZIP  ADDRESS 1-ZIP  ADDRESS ADDRESS			☐ Change	Addition

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 manged, or on an attachment with an address.

SIGNATURE

KEVIN GAILAGE

1-23-97

813-846-8436