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 # P96000015971 (0)

PAPAYA PETE'S INC.

Principal Plac	e of Business
----------------	---------------

4506 SHAMROCK RD.

Mailing Address

4508 SHAMROCK RD. TAMPA FL 33611-2127

FILED May 16 1997 8:00am Secretary of State



TAMPA FL 3361	33611 TAMPA FL 33611-2127					
				3. Date Incorporated or Qualified 02/19/1996	3a. Date of Last Report 2/11/196	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 3421	GRAY CT.	26 3421 GRA	94 CT.	59-337570	Not Applicable	
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 7 /9	mpa Fl.	City & State 28 TAMPA	Fl.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
7ip 24] 3360	Country 25	Zip 29 33609 3	Country		Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	lstered Agent	
	NYJ, MICHAEL D —>		81 Name	Michael D. Scion	2-12'	
	SHAMROCK RD. 342	GRAY CT	82 Street A			
TAM		DA FI. 3360	$a \mid 3$	ddress (P.O. Box Number is Not Acceptable 42) GRAY CT		
) Amij	JA 11. 3360	7 83	•	·	
			84 City 7	AMPA	FL 85 375009	
office or re	egistered agent, or both, in the State o	f Florida. Such change was aut	, the above-named of	corporation submits this statement for the proration's board of directors. I hereby accep	urpose of changing its registered the appointment as registered	
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: Michael D. Scion fr. Signature typed or printed name of legistered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
	· · · · · · · · · · · · · · · · · · ·		Registered Agent signature /	equipo wien romatanio)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
THE	PTD	☐ DELETE	1.1 TITLE	same	Change Addition	
NAME STREET ADDRESS	SCIONTI, MICHAEL D 4506 SHAMROCK RD.		1.2 NAME 1.3 Street address	SAME. 3421 BRAY CT		
DITY-S1-ZIP	TAMPA FL 33611		1.4 CITY-ST-ZIP	TAMPA FI. 3360	9	
101(VSD	☐ DELETE	21 TITLE	mingh in Soci	Change Addition	
NAME	SCIONTI, ROBERT D		2.2 NAME			
STREET ADDRESS	4506 SHAMROCK RD.		2.3 STREET ADDRESS	Same		
CITY-ST-ZP	TAMPA FL 33611		2 4 CITY - ST - ZIP	0/10/10		
TILE	77 471 1 1 1 2 4 4 4 1 1	DELETE	31 TITLE		☐ Change ☐ Addition	
NAME			32 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-7iF			3 4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME		4	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-74P			4.4 City - ST - ZiP			
TiTLE		☐ DELETE	51 TITLE		Change Addition	
NAME			52 NAME	المراه الإدراء المنا المنا المنا المنا المنا المنا	reas	
STREET ADDRESS			5 3 STREET ADDRESS	70000219		
City+S1_2iF		•	54 CITY-ST-ZIP	-05/30/970100 ***165.00	14033	
THE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		es	
STREET ADORESS			6.3 STREET ADDRESS		5/16/97	
CITY - ST - ZIF			6.4 CiTY - ST - ZiP	:	2/(3/(//	
	by certify that the information supplied	with this filing does not qualify t		ated 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.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-878-2461