SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Aug 06 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business 31912 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684 P.O. EXX 1307 CLACTUALER, FL 337157 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 2d. Mailing Address 2fe
PALM HARBOR FL 34684
P. O. BOX 1301/ CLEARWASE, FL 33757 2. Principal Place of Business 2. Applied FC 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Principal Place of Business 3. Date Incorporated or Qualified 02/27/1996 4. FEI Number 59 - 337 + 860
2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. Country 2. Country 2. Country 2. Country 2. Country 2. Country 3. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 3. Name 3. Name 3. Name 3. Name 3. Street Address (P.O. Box Number is Not Acceptable) 4. FL 85 Zip Code 4. City 4. FL 85 Zip Code 4. City 4. FL 85 Zip Code 4. City 4. FL 85 Zip Code 4. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of great, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. 3. Signature
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State
City & State 28 City & State 28 City & State 28 City & State 28 Country 29 30 Country 48. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 89. Name and Address of Current Registered Agent WRIGHT, RONI S 31912 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684 81 City 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE
Zip Country Zip Country Sip Country Sip Country Sip Country Sip Signature Si
WRIGHT, RONI S 31912 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684 81 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE
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SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstaling) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD DELETE 1.1 TITLE Change A
NAME WRIGHT, RONI S 1.2 NAME
STREET ADDRESS 416 TENNESSEE AVENUE 1.3 STREET ADDRESS
CITY-ST-ZIP CRYSTAL BEACH FL 34881 1.4 CITY-ST-ZIP
TITLE VSD DELETE 2.1 TRLE
NAME WRIGHT, MARY A 2.2 NAME
STREET ADDRESS 2084 LITTLE BECK ROAD 2.3 STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-ZIP CLEARWATER FL 34615 2 4 CITY-ST-ZIP THILE DELETE 31 TITLE Change Add
NAME 3.2 NAME
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TITLE DELETE 5.1 TITLE Change Adv
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY OT 710
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 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.