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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000021039 (8)

FLECK ENTERPRISES, INC.

 									111111							KBFI IBBI	
Principal Place	e of Business	Mai	Mailing Address					1 10 0 110		P114 B2114 BB171	VE 111 EV 111	, 88:18 11861		/ P 1(11 P	(BI) (BB)		
P O BOX 8441 CLEARWATER FL 34818-9441				P O BOX 8441 CLEARWATER FL 34818-8441													
								ŀ	3. Date Ir	ncorp	orated or Q	ualified	3a. Di	ate of La	ast Re	eport	
									03/07								
2. Principal Place of Business				2a. Mailing Address					4. FEI Nu	mber					TAp	plied For	
21				26					59.	33	36413	38			No	t Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.										\$8.	75 A	dditional	
22				27					5. Certificate of Status Desired Fee Required								
City & State				City & State					6. Election Campaign Financing \$5.00 May Be								
23				28					Trust Fund Contribution								
Zip Country				Zip Country			,	B. This corporation has liability for intangible tax under s. 199.0							199.032,		
24	25			30					Fiorida Statutes Yes No 10. Name and Address of New Registered Agent								
		ind Address of Cur	rent Regist	ered Agent		-	1		10. Name	and /	Address of	New Re	gistered	Agent			
	VETTA, TAMI					81	Nar	пе									
1245 COURT ST, SUITE 102 CLEARWATER FL						82	Stre	Street Address (P.O. Box Number is Not Acceptable)									
						83											
						84	City	f						85	85 Zip Code		
						<u></u>							<u>FL</u>	ــــــــــــــــــــــــــــــــــــــ			
office or r	edistered add	ons of Sections 607.0 int, or both, in the St in, and accept the ob-	ate of Florida	 Such change wa 	is authorizi	ed by	the o	ned corpor corporation	ation subm n's board of	its this direc	s statement ctors I here	for the p	ourpose o pt the app	f chang pointmer	ing its ot as i	s registered registered	
SIGNATURE																	
OIGH TOTAL	Signature, typed o	profed name of registered					ent signa	ature required	when reinstating				DATE				
12.		OFFICERS /	and direc		13			 	ADDITIO	ONS/C	CHANGES T	O OFFIC	DERS AND				
TITLE	PD			DELETE		IIITE								Cha	agnı	Addition	
NAME	FLECK, ANTHONY T SR						1.2 NAME										
STREET ADDRESS P O BOX 8441 N/A CITY-ST-ZIP CLEARWATER FL 34618-8441							ADDRE	S\$							/		
CITY-ST-ZIP		IER FL 34616-84	} }			DITY-S	1-71P					- 7 7 7 7		- L		7 100	
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STREET ADDRESS P O BOX 8441 N/A CITY-ST-ZIP CLEARWATER FL 34818-8441					23	STREET	ADDRE	SS	,			•					
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NAME					_	NAME											
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CTDEET ANADECC 1	ī				6.2	114412	ADDRE	ee 1									

14. I do hereby certify that the information supplied with this firing 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.