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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

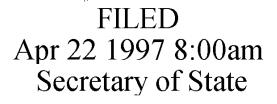
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000022746 (7)

IN THY NAME, INC.

Principal Place of Busines:





Principal Plac	e of Business	Mailing Address				רסטר ורגע ברעום יוספר ונקור טומור צונסט וגוסט וונסט יווסט יווטט ווויס מגוטו מנו מפווספר ר			
% SUSAN MCI 8541 EHREN C		% SUSAN MCMILLAN 8541 EHREN CUTOFF							
LAND O' LAKE		LAND O' LAKES FL 346	39-7115						
						3. Date Incorporated or Qualified 03/11/1996	3a. Date	of Last R	leport
2. Principal F 21	Place of Business	2a. Mailing Address		,=		4. FEI Number 59 - 3362	ain	·	pplied For ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				39-3366	_	<del></del>	Additional
22 373S	Lando'Lakes Blue	d. 27 3738 Land	o'la	K(S	BIVE	5. Certificate of Status Desired			equired
City & Slat	o'lakes FL	City & State  28 Land O'LAI	445	FL		6. Election Campaign Financing			May Be to Fees
Zip	Country	Z <sub>i</sub> ρ		buntry		Trust Fund Contribution  8. This corporation has liability for in			<del></del>
24 346.	_ [	29 34659	30	· y			Yes		i. 199.032,
<u>., ., ., ., ., ., ., ., ., ., ., ., ., .</u>	9. Name and Address of Curre		1001	T-		10. Name and Address of New Reg			
RUE	HRING, BARBARA A			81	Name			4	
	25 FENNSBURY DR.			82	Ctroot	Address (CO. Roy Number is Not Assessable			
	APA FL 33624			02	2000017	Address (P.O. Box Number is Not Acceptable			
				83					
				84	City			85 Zip	Code
44 0	A COLOR	00 and 007 1500 Fig. da State				corporation submits this statement for the purporation's board of directors. I hereby accept	FL		
agent fa	am familiar with, and accept the oblig	gations of, Section 607.0505, I	Florida St	atutes	S.	oration a board of officiols. Thorsely accept	/	pricit do	Togistered
	Signature, typed or printed name of registered ag				ni signature	required when reinstating)	DATE		
<u>12.</u>	OFFICERS AN	VD DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE			
THILE	ODALIAM DODAN	☐ DELETE		TITLE		Sahus Ne oton	i Z	Change	Addition
NAMt	GRAHAM, ROBYN		1	NAME		Robyn Deaton same			
STREET ADDRESS	14125 FENNSBURY DR.		1		ADDAESS	Same			
CITY-S1-ZiP	TAMPA FL 33824	<b>X</b> DELETE		CITY - S	T-ZIP			Change	Addition
TOTAL		Correct		TITLE NAME			L	) Orange	r 3. Vogilion
NAME ATOME ADMISSION	MCMILLAN, SUSAN   14125 FENNSBURY DR.				4000000	•			
STREET ADDRESS	TAMPA FL 33824			•	ADDRESS	No. 1			
CITY-ST-ZIF TITLE	V	DELETE		TITLE	51 - ∑ }²		7	Change	Addition
NAME	MCMILLAN, DAVID	first present	1	NAME			<b></b>	, Simily	- Francisco
STREET ADDRESS	14125 FENNSBURY DR.		1		ADDRESS				
CITY-ST-ZIP	TAMPA FL 33624			. CITY-S					
1/1LF	T	DELETE		TITLE				Change	Addition
NAME	BUEHRING, BARBARA A	<del>_</del>	•	2 NAME					
STREET ADDRESS	14125 FENNSBURY DR.				ADDRESS	ı			
CHY-ST-ZIP	TAMPA FL 33624			CITY-S					
TITLE	8	DELETE		5.1 TITLE				Change	Addition
NAME	GOODCHILD, VERA N		5.2	NAME					
STREET ADDRESS	14125 FENNSBURY DR.		5.3	STREET	ADDRESS				
CITY-ST-7IP	TAMPA FL 33624			CITY-S					
TITLE	·								
		DELETE	6.1	TITLE	,,			Change	Addition
NAME		DELETE		TITLE NAME				Change	Addition
NAME STREET ADDRESS		DELETE	6.2	NAME	ADDRESS			Change	Addition
		L DELETE	6.2 6.3	NAME				Change	Additio

14. I do hereby cortify 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 polysoration 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 12 the ged, or on appartancement with an address.