## **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 # P96000027013 (7)

Principal Place		Mailing Address 214 FINE NEEDLE DR- BRADENTON FL 342104020 2460 Blentwood	ρι,		<b>18/18</b>
cleanister, FL 34624		Clearwater, FL 34634		3. Date Incorporated or Qualified 03/21/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Address	/ . ^ .	4. FEI Number 65-065 158	Applied For
Sulte, Apt.	Blentwood DI,	2460 K/e Suite, Apt. #, etc.	ent wood in	Certificate of Status Desired	Not Applicable \$8.75 Additional
22		27		<u> </u>	Fee Required
	rugger FL	City & State  28 Clearuster	, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3462		20 34624 3	Country 0 USA		Yes No
IOH	<ol> <li>Name and Address of Current</li> <li>NSON, DAVID P</li> </ol>	it Hegistered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent
	1 RINGLING BLVD SUITE 104			roon (D.O. Boy Number in Not Asserted	lot
SARASOTA FL 34237			82 Street Addr	ress (P.O. Box Numbor is Not Acceptab	ie)
			83		
			84 City	<del></del>	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	the above-named cord	poration submits this statement for the pr	
office or agent. La	registered agent, or both, in the State	of Florida, Such change was autations of Section 607,0505, Florid	horized by the corporat	poration submits this statement for the pi lion's board of directors. I hereby accep	It the appointment as registered
SIGNATURE	Good Only	Todd Comb	<		4/28/97
	Signature, typed or pimiled name of registered age	nt and title if applicable (NOTL: F	logistered Agent signature requir	· · · · · · · · · · · · · · · · · · ·	DATE CONTROL IN THE C
12. TITLE	OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	Todd Combs		1.2 NAME		
STREET ADDRESS	2460 Brentwood DI,		1.3 STREET ADDRESS		
CITY-ST-ZIP	Clarinated, FL 346.	24	1.4 CITY-ST-ZIP		
TITLE	Vice President	DELETE	2.1 TITLE		Change Addition
NAME	Todd Combs		2.2 NAME		
STREET ADDRESS	2460 Brentwood Dr		2.3 STREET ADDRESS		
CITY-ST-ZIP	+ <del></del>	624 DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE NAME	Treasurer Todd Combs	□ DECCTE	3.1 TITLE 3.2 NAME		Li Change Li Audition
STREET ADDRESS	2460 Blentwood DI	,	3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	Clearnater, FL 31	1424	3.4. CITY-ST-ZIP		
TITLE	secretary	☐ DELETE	4.1 TITLE		Change Addition
NAME	Drene Combs		4. 2-NAME		
STREET ADDRESS	2460 Blantwal Dr.	1	4.3 \$1REET ADDRESS		
CITY-ST-ZIP	Clear upter, FL	34624	4.4 Crty - S1 - 2rP		
TITLE		DELFTE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	1		53 STREET ADDRESS		
CITY-ST-ZIP			5.4 QHY+S1-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	l		6.3 STREFT ADDRESS		
CITY-ST-ZIP	1		6.4 CITY - \$1 - 7IP		

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.

U/sc/67

**FILED** 

May 12 1997 8:00am

Secretary of State