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

Mailing Address

3610 RUSTY GRACKLE DRIVE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

3610 RUSTY GRACKLE DRIVE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029767 (6)

O'HARA & ASSOCIATES COURT REPORTER, INC.

PALM HARBOR FL 34683 PALM HARBOR FL 34683-2225 3. Date Incorporated or Qualified Sa. Date of Last Report 04/01/1996 2. Principa! Place of Business 2a. Mailing Address 4. FEI Number Applied For 59<u>-3373402</u> 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zio Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🛣 No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name O'HARA, CYNTHIA M 3610 RUSTY GRACKLE DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 PALM HARBOR FL 34683 83 84 City Zip Code 85 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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE PSTD DELETE 1.1 TITLE Change Addition O'HARA, CYNTHIA M NAME 1.2 NAME 3610 RUSTY GRACKLE DRIVE STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL 34683 1.4 CITY-ST-ZIP DiTY-ST-ZIP DELETE Change Addition TOTALE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition TITLE DELETE 6.1 TITLE Change 6.2 NAME NAME

> 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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

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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIF

ATUN AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

1-20-97 (813)789-4172

FILED

Feb 13 1997 8:00am

Secretary of State

(96/6)