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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000035212 (5)

THE POLI GROUP, INC.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Principal Place of Business Mailing Address 12401 CARDIFF DRIVE 12401 CARDIFF DRIVE TAMPA FL 33625-6587 TAMPA FL 33624 3a. Date of Last Report 3. Date Incorporated or Qualified 04/23/1996 28. Mailing Address 26. P.O. Box 2. Principal Place of Business 4. FEI Number Applied For 270816 Not Applicable <u>5121 Ehrlich Koad</u> 26 Suite, Apt. #, elc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Tampa Trust Fund Contribution 23 Jampa Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Hillsb H1166 Yes Z No 3360 Florida Statutes 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 Zip Code City 11. Pursuant to the provisions of Sections 607/050° and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or holb, 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or pit agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition **PVST** DELETE TITLE 1.1 TITLE POLI, JULIE NAME 1.2 NAME 12401 CARDIFF DRIVE 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33624 14 CHY-SI-ZIP CITY-\$1-ZIP DELETE Change \_\_\_ Addition 21 THUE TITLE POLI, JULIE NAME 2.2 NAME 12401 CARDIFF DRIVE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33624 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TOTAL 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELFTE Change ■ Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change InoilibbA .... 5.1 THLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

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 armual coport or support ental 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 convocation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an altachment with an address appears in Brock 12 or Bloc

64 CITY-ST-ZIP

5.4 CITY - ST - ZIP

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

Change

Addition

FILED

Jul 18 1997 8:00am

Secretary of State