3-17-97 B-3147 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Mar 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038732 (9)

STREET EAGLE OF PINELLAS COUNTY, INC.

Principal Place of Business Mailing Address 14187 81ST AVE N SEMINOLE FL 34646 SEMINOLE FL 33776-3310					
	Place of Business	2a. Mailing Address	1	4. FEJ Number	Applied For
21 / 25 0 : Suite, Apt.	5 66th ST. NORTH	26 /2505 661 Suite, Apt #, etc.	ST. NORTH	59-3375930	Not Applicable \$8.75 Additional
22	. #, 610.	27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 LARG	FO, FL Country	28 LARTO	Couply Coupley The LLAS	Trust Fund Contribution	Added to Fees
24 3377	· · · · · · · · · · · · · · · · · · ·	29 3377 /	20 Page 1 4 4	8. This corporation has liability for in	intangible tax under s. 199.032,
24 77	9. Name and Address of Current	Registered Agent	30 MACUAS	10. Name and Address of New Re	
CHIG	3OS, JOHN		81 Name		
877 EXECUTIVE DR W, SUITE 303			82 Street Addr	ess (P.O. Box Number is Not Acceptab	ole)
ST P	PETERSBURG FL 33702		L I		
			63		
			84 City		FI 85 Zip Code
agent. I a SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obligations typed or printed hards of registered agent OFFICERS AND	t and lide it applicable (NOTE	flegistered Agent signature requirement		DAÍL
TITLE	PSID	DITECTORS	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	SPOTO, ROBERT A		1.2 NAME		•
STREET ADDRESS	14187 81ST AVE N		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34646		1.4 COY-ST-ZIP		
TITLE	VD PALOSICO, MICHAEL	☐ DEFFTE	2 1 113LF		Change Addition
NAME STREET ADDRESS	14187 81ST AVE N		2.2 NAME 2.3 STREET ADDRESS		
CITY+ST-ZIP	SEMINOLE FL 34646		2.4 CHY- \$1- ZIP		
TITLE		Duite	3.1 1/11/6		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ACORESS		
CITY-ST-ZIP		DITETE	3 4. C(TY-ST-Z)P		
TITLE NAME			4.1 TITUF 4. 2 NAME		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	İ		4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DECETE	5.4 CITY - ST - 2IP		Change Madage
TITLE	1	☐ ntttt	61 TITLE		Change Addition

6.3 STREET ADDRESS

3/12/02

(012) 624-2099

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 eath; that I am an officer or director of the corporation or the receiver or trustee on provened to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed 60 op an attachment with an address.