**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT

Sandra B. Morth

Secretary of State DIVISION OF CORPORA

DOCUMENT # P96000043531 (8)

Principal Place of Business	Mailing Address					
101 WHITAKER ROAD STE 2 LUTZ FL 33549	101 WHITAKER ROAD STE 2 LUTZ FL 33549-5686					
2. Principal Place of Business	2a. Mailing Address					
21	26					
Sulte, Apt. #, etc.	Suite, Apt. #, etc.					

**FILED** May 01 1997 8:00am Secretary of State



								3. Date incorporated or Qualified   3a. Date of Last Report   06/01/1996					
2. Principal P	lace of Business	26.	Mailing Address					4. FEI Number			Ap	plied For	
21		26						59-3383/8	7		Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired 58.75 Additional Fee Required					
City & State	e	28	City & State		·			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>				May Be Fees	
Zip 24	Country 25	29	Zip	30 Co	untry	/ 		<ol><li>This corporation has liability for Florida Statutes</li></ol>	Yes [	] No	ders.	199.032,	
	9. Name and Address of Curre	nt Regist	ered Agent					10. Name and Address of New F	egistered /	gent			
	RY, JACK Whitaker road ste 2				81					<del></del>			
LUTZ FL 33549				Ĺ	82 Street Address (P.O. Box Number is Not Acceptable)								
					83								
					84	- ,			FL		Zip C		
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agont, or both, in the State m familiar with, and accept the oblig	02 and 60 of Florid pations of,	i7.1508, Florida Statu a. Such change was Section 607.0505, F	ites, the authoriz lorida St	ed by alute	e-name y the co s.	d corpor irporation	ration submits this statement for the o's board of directors. I hereby acc	purpose of ept the app	changi ointmer	ing its It as r	registered registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if	applicable (NO	PL Fregisto	co Ago	ent signati	re required	when reinstating)	DATE				
12.	OFFICERS AN	ID DIREC		13				ADDITIONS/CHANGES TO OFF	ICERS AND			S IN 12	
TITLE	D		DELETE	1.1	TITLE					Cha	nge	Addition Addition	
NAME	TERRY, JACK			1.2	NAME								
STREET ADDRESS	101 WHITAKER ROAD STE 2			1.3	STHEET	ADDRES:	: ]						
CITY-ST-ZIP	LUTZ FL 33549		·····	1.4	CITY - S	ST-7IP							
TITLE			DELETE	2.1	TITLE					☐ Cha	nge	Addition	
NAME				2.2	NAME								
STREET ADDRESS				2.3	STREET	ADDRES:	,						
CITY-ST-ZIP				2.4	CITY-	S1-ZIP							
TITLE			DELETE	3.1	TITLE					☐ Cha	nge	Addition	
NAME				3.2	NAME								
STREET ADDRESS				33	STREET	r address							
CITY-\$T-ZIP				3.4.	CITY -	\$1 - Z(F)			<del>-</del>				
TITLE			☐ DELFTE	4.1	TITLE					Cha	nge	Addition	
NAME				4.2	NAME								
STREET ADDRESS				4.3	STREET	ADDRESS	· [						
CITY-ST-ZIP				4.4	CITY- S	31 - ZiF			···-				
TITLE			[_] DELETE	5.1	TITLE		1			☐ Cha	nge	Addition Addition	
NAME				5.2	NAME								
STREET ADDRESS				53	STREET	ADDRESS	,						
CITY-ST-ZIP				5.4	017-9	31- ZIP							
TITLE			DELETE	61	DILE					Cha	nge	Addition	
NAME				6.2	NEME								
STREET ADDRESS				63	SISEE	ADDRESS	;						
CITY-ST-ZIP						ST - ZIP							
	by certify that the information supplie	d with thi	s filing does not gua				stated in	Section 119.07(3)(i) Florida Statul	es Lfurther	certify	that t	he	

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the courate and that my signature shall have the same legal effect as if made under eath; that xecule this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual report or supplemental annual eports true and I am an officer or director of the corporation or the receiver or trystae empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address.