FILE NOW: FILING FEE AFTER MAY 1 IS \$5540

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT STATE Sandra B. Mori

FILED May 16 1997 8:00am

Daytime Ffrone #

CHAIN	1997	Secretary DIVISION OF C		Secretar	y of State
	MENT # P96000 on Name s ET LUX, INC.	0046989 (5)			
12(1)()	o al aon mo		1	f fillige (the state data data daria da	ill käidi siähn kirin toidi laika sala sala
Principal Plac	ce of Business	Mailing Address			
5318 LINDER PLACE NEW PORT RICHEY FL 34852		5318 LINDER PLACE NEW PORT RICHEY FL 34852-373			save avera acces tales tall tall
2 Principal I	Place of Business	2a. Mailing Address		 Date Incorporated or Qualified 06/04/1996 	3a. Date of Last Report
21		26		FEI Number	Applied For
Suite, Apt	t #, etc.	Suite, Apt. #, etc.	pa+=4	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & Sta	ate	City & State		6. Election Campaign Financing	Fee Required
23 Zip	Country	28 Zip	Cor	Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25 g. Name and Address of Curre	29 ni Begistered Agent	30	This corporation has liability for Florida Statutes	IYas IXINo
SPI	EARS, JONATHON		Vame	10. Name and Address of New Re	gistered Agent
5318 LINDER PLACE			treet Ad	dress (P.O. Box Number is Not Acceptab	
NE	W PORT RICHEY FL 34652		N	Section Box Number is Not Acceptab	le)
44 Purguan	to the provinces of Sections 607.05	03 and 607 1509 Florida Statut	ity		FL 85 Zip Code
office or agent 1	registored agent, or both, in the State am familiar with, and accept the oblic	e of Florida. Such change was a sations of Section 607.0505. Fig	authorize med corpora	rporation submits this statement for the pation's board of directors. I hereby accept	irpose of changing its registered
SIGNATURE					tine appointment as registered
12.	Signature, typed or printed name of registered ap OFFICERS AN	ID DIRECTORS	Registers Insture requ	kred when reinstating)	DATE
TULF	PD	☐ DELETE	1.1 1	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change
NAME STREET ADDRESS	SPEARS, ALICE 5440 BOWLINE BEND		1.2 N		Charige C Apollon
CITY-ST-ZIP	NEW PORT RICHEY FL 34852		1.3 \$ ESS		
SITLE	VPSO	☐ DELETE	2.1 77		Change Addition
NAME STREET ADDRESS	HANDLEY, DAWN 1303 VERMONT AVENUE		22 N		Change Addition
CITY-ST-ZIP	TARPON SPRINGS FL 34689		2.3 S ESS 2.4 C		
TiTLE	TD	DELETE	317		
NAMS	HOWE, JOHN		3.2 N		Change Addition
STREET ADDRESS	4236 MARINE PARKWAY NEW PORT RICHEY FL 34652	•	3.3 S 3.4. (
CHY-ST-ZIP TITLE	TICH TOTAL TROTAL TE OTOM	☐ DELETE	4.17		
NAMÉ			4.21		☐ Change ☐ Addition
STREET ADDRESS	ş (4.3 S _{SS}		
CITY - ST - ZIP		T prietr	4.4 C		1
TITLÉ		☐ DELETE	5.1 T		Change Addition
NAME STREET ADDRESS			535 _{IS}		- Land Francisco
CITY - ST - ZIP			5.4 C		
TITLE		DELETE	6.1 1		
NAME			621		Change Addition
STREET ADDRESS	· [6.3 ^E S		
City-S1-ZiP 14. 1 do here	by certily that the information supplie	ed with this filing does not qualit	fy for the		
informati Lam an		supplemental annual report is to the receiver or trustee empow	rue and? Stated i	n Section 119.07(3)(i), Florida Statutes. I i ny signature shall have the same legal eff as required by Chapter 607, Florida Statu	further certify that the ect as if made under oath; that
ត្សក្រចេត្តទេ	THE BOOK TE OF BOOK TO IT CHANGED,	The state of the s	1	, unaple dor, rigida Sialu	ies; and that my name