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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtharh 🐣

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P940000 49887

Principal Place of Business

Mailing Address

FILED
Jun 12 1997 8:00am
Secretary of State

10812 11. Oregon Circle 10° Tampa, FL 33612 To	impa, FL	y clude		
Taman A 22/012 To	impa, 72	3366		
Tarifal 12 ooc 13			3. Date Incorporated or Qualified	3a. Date of Last Report
	iling Address	2' 01- (	4. FEI Number	Applied For
21 9875 Hidden Kiver 1 Kuy 25 89		liver thuy	59-340722	Not Applicable
22 501te 300 27 6	te, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Tama +L 28 T	ampa, Fl	<u></u>	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 231 25 Country 5.A · 29 Zip 24 33 (28 )	33637 📶 °	U.S.A.	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes  No
9. Name and Address of Current Registere			10. Name and Address of New Reg	
		81 Name		
Tina A. Ward 8875 Hidden River P	ب سار بسلم سا	82 Street Addres	ss (P.O. Box Number is Not Acceptable	0)
8975 Hladen Kiver R	anway	oz Sireet Addres	ss (F.O. BOX Number is Not Acceptable	5)
:Suite 300	1	83		
Tampa, FL 3363	7	84 City		■■ 85 Zip Code
. [	•			FL
11. Pursuant to the provisions of Sections 607.0502 and 607.1 office or registered agent, or both, in the State of Florida. S	508, Florida Statutes, the	above-named corpor	ration submits this statement for the pu	rpose of changing its registered
agent. I am familiar with, and accept the obligations of, Se	ction 607.0505, Florida S	tatutes	ins board of directors. Thereby accept	the appointment as registered
SIGNATURE TIMA G-Wa	$M \cdot Pre$	261dent	(e)	3191
Signature, typed or printed name of registered apont and title if app		ered Agent signature required		DATE
12. OFFICERS AND DIRECTOR		<del></del>	ADDITIONS/CHANGES TO OFFICE	
President	- c.+0	1 TITLE		1-
STREET ADDRESS 8875 Hidden Kiver for	Kury 800	2 NAME		N
		STREET ADDRESS		ប្តី
		I CITY-ST-ZIP		Change Addition
1 3 e c 11 e a 8 0 1 e 1		NAME	•	Charge C Addition
NAME Lesley A. Warding of	511W . WUT 1			
		S STREET ADDRESS		
TITLE TAMPA, PL 3305		4 CITY-ST-ZIP I TITLE		Change Addition
NAME		PNAME		Change I radiabil
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		S. CITY-ST-ZIP		
TITLE		TITLE		Change Addition
NAME		2 NAME		
STREET ADDRESS		S STREET ADDRESS		
CITY-ST-ZIP	1	CITY-ST-ZIP		
TITLE		TITLE		Change Addition
NAME		NAME	100000221	
STREET ADDRESS		STREET ADDRESS	-06/16/97010	26023
CITY-ST-ZIP		CITY-ST-ZIP	***165.00	
TITLE		I TITLE	The Control of the Co	Change Addition
NAME	_	NAME		
STREET ADDRESS		STREET ADDRESS		es ,
CITY-ST-ZIP		I CITY-ST-ZIP		6/12/97
14. I do hereby certify that the information supplied with this fill			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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.