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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000051952 (5)

		Mailing Address 11601 GRADY AVE. TAMPA FL 33624-4717			
				06/18/1996	Date of Last Report
	Place of Business 3 Northoale Bly	D- 26 3903 North	HONE BLUD.	4. FEI Number 59 - 339 6669	Applied For Not Applicable
Suite, Ap-		Suite, Apt. #, etc.	TOPIC VAVV.	5. Certificate of Status Desired	\$8.75 Additional
22 139	E	27 139 E			Fee Required
City & Sta		City & State	FLA.	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangil	
24 336	24 25 USA		io USA	Florida Statutes	X No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
	ERKAMP, PETER		81 Name		
11601 GRADY AVE. TAMPA FL 33624			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
IAI	WFM FL 33024		83		
			24 00		
			64 City	F	85 Zip Code
Office or agent I SIGNATURE	TOWAR GUEROU	AMP	inorized by the corporation Statutes.  Registered Agent signature requi	poration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating)  DATE	9 199 197
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSD DETER	☐ DELETE	1.1 TITLE		ND DIRECTORS IN 12  Change Addition
NAME STREET ADDRESS	OVERKAMP, PETER 11601 GRADY AVE.		1.2 NAME 1.3 STREET ADDRESS		18
CITY ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP		l L
TITLE	VID	☐ DELETE	2.1 TITLE		Change Addition
NAM <del>!</del>	BILICKI, ANDREW		2.2 NAME		
STREEL ADORESS	11601 GRADY AVE.		23 STREET ADDRESS		
City - St - 7(F)	TAMPA FL 33624		2.4 CITY-ST-ZIP		
TILLE		☐ DELETE	3.1 TITLE		Change  Addition
NAME CONCLUMENTATION OF			3.2 NAME		
STREET ASORESS CITY: ST-ZIE	` <b> </b>		3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		ł
THE		DELETE	4.1 TIFLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		}
COY-S1-7IP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	5		5.3 STREET ADDRESS		
CHY-SI-7/F THEF			54 CITY-ST-ZIP		
Ì	i	DELETE	61 TITLE		Change Addition
I NAME		L DELETE	6.1 TITLE 6.2 NAME		Change Addition
NAME STREET ADDRESS	\$	DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	-	Change Addition

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 and cated 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.

ylme Phone #

**FILED** 

Apr 10 1997 8:00am

Secretary of State