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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Moltham 📝

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000054556 (1)

VICTORIA H. CARTER, P.A.

FYII	ropar	Made	3 OF F	tusiness	
353	HIGH	AND	AVE	MORTH	

Mailing Address

FILED Mar 06 1997 8:00am Secretary of State



353 HIGHLAND AVE NORTH TARPON SPRINGS FL 34689			353 HIGHLAND AVE NORTH TARPON SPRINGS FL 34689-8948						
					3. Date Incorporated or Qualified 06/25/1996	3a. Date of Last F	leport		
7/10 t	lace of Business U.S. Highway 19	2a. Mailing Address		10	4. FEI Number	XA	oplied For		
<u> </u>		[20]	gnway	19		No	ot Applicable		
Suite, Apt 22	er er en	Suite Apt. #, etc.		·	5. Certificate of Status Desired	1 7	Additional equired		
23	ort Richey, FL	Çity & State New Port Ric		····	Election Campaign Financing Trust Fund Contribution	Added Added	May Be to Fees		
^{7φ} 34652-	120		Count 30 Pa	ry 3 C O		Yes 🌃 No	: 199.032,		
0.10		of Current Registered Agent		41 Ni	10. Name and Address of New Reg	Istered Agent			
	TER, VICTORIA H		*	1 Name					
) us hwy 19 / Port Richey Fl 3465	52-1240	_		Address (P.O. Box Number is Not Acceptable)				
, 4			8	3					
				4 City			Code		
office or re	egistered agent, or both, in:	s 607 0502 and 607,1508, Florida Statute the State of Florida. Such change was a the obligations of, Section 607,0505, Flo	uthorized	by the corpo	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing it t the appointment as	ts registered registered		
SIGNATURE	Signature, typed or pertect name of re	agistored agent and title il applicable (NOTE	: Registered A	gent signature re	quired when reinstating)	DATE			
12.	OFFIC	CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12		
TifLE	P/S/T/D	☐ DELETE	. 1.1 TITLI			☐ Change	Addition		
NAME	Victoria H. C		1.2 NAM	E					
STREET ADORESS	7419 U.S. Hig		1.3 STRE	et address					
CHY-ST-ZIF	New Port Rich	ey, FL 34652-1240	1.4 CITY	•=					
1 ILE		☐ DELETE	2 1 TITLE			Change	Addition		
NAME			22 NAM						
STREET ADDRESS				ET ADDRESS			İ		
CHY-SI-ZIP TIME		DELETE	2.4 CHY 3.1 TITLE	-ST-ZIP		☐ Change	Addition		
NAME			3.2 NAM			L. Sidingo	Adviction		
STREET ADORESS				ET ADDRESS					
COLY-ST-ZIF			3.4. CITY	- 1					
TITLE		DELETE	4.1 TITLE			Change	Addition		
NAME			4. 2 NAM	E		-			
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CHY+ST-ZIP			4.4 CITY	ST-ZIP					
TITLE	The second secon	DELETE	5.1 TITLE			Change	Addition		
NAME			5.2 NAM	.		•			
STREET ADDRESS			5.3 STRE	ET ADDRESS					
C(TY - ST - Z)F			5.4 CITY	-ST-ZIP					
TITLE		DELETE	6.1 TITLE			Change	noilibbA		
NAME			6.2 NAM						
STREET ADORESS			6.3 STRE	et address					
C(1y+S1+ZIP			6.4 CITY	-ST-ZIP					
14. Ldo hereb	is cortify that the information	a suggisted with this blind door not qualify	for the ex	omotion etat	led in Section 110 07/31(i) Florida Statutos	I further eastifu that	*ha		

I do nereby 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 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 an an attachment with an address.

SIGNATURE:

HER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR