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

PROFIT CORPORATION ANNUAL REPORT 1997

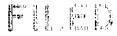


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000060158 (8)



97 JUL 14 AM 9: 06

SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Plac 2286 WILLOWE CLEARWATER	BROOK DRIVE	Mailing Address 2266 WILLOWBROOK DR CLEARWATER FL 34624-				
3					3. Date Incorporated or Qualified	3a, Date of Last Report
					07/16/1996	NONE
2. Principal Place of Business 2a. Mailing Address 2b. Po Box 663			C.L o An.JA	tents.	4, FEI Number	Applied For
21 34143 4116 3 52 30 20			ox 6600 CLEAWATER FILIS			1/Not Applicable \$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 GAINSUILEFL 28					Trust Fund Contribution	Added to Fees
Zip Country Zip		 	Country		8. This corporation has liability for	
24 30 6	9. Name and Address of Curren	29	30		Florida Statutes L 10. Name and Address of New Re	Yes M No
UFA		r trafference where	81	Name	IU. Hamo and Address of 116W No	Araroron Wholis
KESSELMAN, LYNN 2286 WILLOWBROOK DRIVE						
CLEARWATER FL 34624			82	82 Street Address (P.O. Box Number is Not Acceptable)		ole)
Ou.	MINARIENT E OTOET		83			
			84	City		
ı				1 1		FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607 05 registered agent, or both, in the date am familiar with, and accept the estimates	2 Ind 607 1508, Florida Stati of Florida Such change was noted, Socion 607 0505, F	utos, the above authorized by Torida Statutes	e-named corp y the corporati s.	oration submits this statement for the pon's board of directors. I hereby acceptions	ourpose of changing its registered of the appointment as registered
SIGNATURE	Signature, typed or up and name registered age	nt and title if applicable (NC	OTE: Registered Age	ent signature require	ed when reinstating)	64
12.	OFFICERS ANI		13.	on organic	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PSD	DELETE	11 THUE		5000022	3 3 5 6 6 - C Admin
NAME	K es selman, Lynn	1.2 NAMI			-07/16/	′9701105016 ls
STREET ADDRESS	2286 WILLOWBROOK DRIVE		1.3 STREET	ADDRESS	****16	5.00 ****165.00
CITY-ST-ZIP	CLEARWATER FL 34624			S1-ZIP		
TITLE	VTD					Change Addition
NAME .	SMITH, IRMA		2.2 NAME			1
STREET ADDRESS	2286 WILLOWBROOK DRIVE			ADDRESS		
CITY-ST-ZIP TITLE	CLEARWATER FL 34624	DELETE	2 4 City - 1 3 1 Title	ST - ZIP		Change Addition
NAME		E) beleft	3 2 NAME			First countries First constitutions
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			3.4. C(1) Y -:			
TITLE		DELETE	4.1 TITLE	w. En		☐ Change ☐ Addition
NAME		***	4. 2 NAME			_
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			4.4 CHY-5	ST-ZIP		
TIMLE		DELETE	51 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - 9	51- ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	Į.		\{
CITY-ST-ZIP			64 CITY-S	ST - 71P		

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 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 eath; 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 attraction and address.