## 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

	MENT # P960000 RE, INC.	060554 (8)			
Principal Place of Business Mailing Address			<del></del>	- I FOURTAUNTIE LOAND DANS DONA BETAF OURTE	CATTE BEITH ADIDA DIRAK BEITH DIBL FADE
2275 HERON CIROLE CLEARWATER FL \$4822		2275 HERON CIRCLE CLEARWATER FL 34622-3395			
				3. Date Incorporated or Qualified 07/15/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		71-079-630	
Sulte, Apt.	. #, 9tC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		& Floation Compains Financing	
23	-	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	· · · · · · · · -	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistøred Agent
GIORDANO, JOHN N   81 Name MATIN A. Podata					
220 SOUTH FRANKLIN STREET				iress (P.O. Box Number is Not Acceptab	le) // -+ /
TAX	MPA FL 33602		83 3.5	50 MORYIS ST.	NOYIK
, <b>e</b>			63		
			84 City 57.	Petersburg.	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered eyent, or both. In the State of Ft/fida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiarly by and secept the pligations of Section 807.0505, Florida Statutes.					
SIGNATURE	<b>VI I I I I I I I I I I I I I I I I I I </b>	11/1/1/1	onda Oldialos.		
SIGNATURE	Signature, typed or printed name of regulated Lagent	and title it applicable (NOT	t : Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PRES! A DI-	☐ DELETE	1.1 TITLE		Change Addition
NAME	Martin A. Pedal	a T.N.	1.2 NAME		
STREET ADDRESS	3550 MOYVIS	- El 22717	1.3 STREET ADDRESS		
CITY-ST-ZYP TITLE	U Dura	DELETE	2.1 TITLE		Change Addition
NAME	Thes two Hatriol	4	2.2 NAME		El change El radinon
STREET ADDRESS	3500 MOVE ST	N.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. Peters by	FL.33713	2. 4 CITY-ST-ZIP		
TITLE	Sec. & TRES.	DELETE	3.1 TITLE		Change Addition
NAME	JINMY H. Halfield	i II	3.2 NAME		
STREET ADDRESS	3550 MOVIE 31.4	7. 	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST-Pelersburg,	4, 33/13	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		İ
STREET ADDRESS			4.3 STREET ADDRESS		!
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		☐ DETEIR	5.1 TITLE		Change Addition
NAME PERCENT APPROPRIE			5 2 NAME		
STREET ADDRESS	}		5.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		Decert	6.2 NAME		en avenda en Laguiton
STREET ADDRESS			6.3 STREET ADDRESS		
OTTEL HOUNESS			U.O OTTICE I MIJOREDO		

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 oath; that I am an officer or director of the corporation or the receiver or tystee 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 adoptes.

Made

**FILED** 

Jun 04 1997 8:00am

Secretary of State