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 # **P96000061695** (8)

FILED May 16 1997 8:00am Secretary of State

Principal Place of Business 6700 150TH AVENUE NORTH #830 CLEARWATER FL 34624 Mailing Address 6702 150TH AVENUE NORTH #830 CLEARWATER FL 34624								
				3. Date incorporated	1	of Last R	•	
				07/23/1996	7-3	<u> 23-96</u>		
·	Place of Business	2a. Mailing Address		4, FEI Number 59–33981	06		plied For	
Suite, Apt	H ob	26 Suite, Apt. #, etc.		<u> </u>			t Applicable	
22	a, etc.	27		5. Certificate of Statu	s Desired	\$8.75 A		
City & Stat	te	City & State		6. Election Campaign	Financino	\$5.00		
23	•	28		Trust Fund Contrib	~ ~	Added 1		
Zipi	Country	Zip	Country	8. This corporation h	as liability for intangible to		199.032,	
24	25	29	[30]	Florida Statutes	Yes 😿			
	g, Name and Address of Curr	ent Hegistered Agent	81 Name		ss of New Registered Aç	Seur		
	OMAN, RALPH T	14		Shirley M. Dedmar	1			
	0 150TH AVENUE NORTH, #93 :Arwater fl 34624	30	82 Street	Address (P.O. Box Number is 700 150th Avenue	North #930			
VLE	ANNAICH FL 04024		83	(00 130th Manus	2102 027 11, 1			
			84 City	learwater	FL	85 Zip (Code 624	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	utes, the above-named	corporation submits this state	ment for the purpose of c	hanging it	s registered	
office or r agent 1 a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such change was ligations of, Section 607.0505, I	s authorized by the cor Florida Statutes.	poration's board of directors. I	hereby accept the appor	ntment as	registered	
		DMAN Vie Pa	LESIDENT	Shulle the		10-0		
OIGHATIONE.	Signature, typed or primed name of registered a							
			OTE: Registered Agent signatur		DATE			
12.		AND DIRECTORS	13.		DAYE SES TO OFFICERS AND D			
TIPLE	PTD		13. 1.1 TITLE			DIRECTOR Change	IS IN 12	
TITLE NAME	PTD DEDMAN, RALPH T	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME					
TIPLE NAME STREET ADDRESS	PTD DEDMAN, RALPH T 6700 150TH AVENUE NORTH	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS					
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,0/(3)(i), Florida Statutes. 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 RALPH T. DEDMAN. PRESIDENT

SIGNATURE

IN THE AND THE BOTH PRINTED NAME OF BIGHT OF PICER OF DIRECTOR

0 Date Dayline Pho

Daylime Phone #