SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Aug 26 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

	1991	<u> </u>			
	MENT # P9600 NAILERY OF TAMPA, INC.	00062507 (4)		BIII 851/8 8///8 (1844 8//)/ 88/// 8///
Principal Plac	e of Business	Mailing Address			LLIN 90100 01118 LLDDS DEHN DD111 1806 1001
10530 BRANCHTON CHURCH RD		PO 80X 7148			
THONOTOSA	ISSA FL 33592	WESLEY CHAPEL FL 3	3543	DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
_				07/26/1996	
2. Principal Place of Business		28. Mailing Address		4. FEI Number	Applied For
21 Suite April # ale		26 Suite April # oto		59-3395955	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	- · - ·
24	25 9. Name and Address of Curre	29	30	Personal Property Tax due June 10. Name and Address of New Re	
\A/(uit Habiatalan Walit	81 Name	ID. Name and Address of New Ac	Alereian Wilett
	Orsham, Cheryl 530 Branchton Church RD)			** · · · · · · · · · · · · · · · · · ·
THONOTOSASSA FL 33592			82 Street Add	lress (P.O. Box Number is Not Acceptab	ile)
•••	.01.01.00/100/11 2 00002		83		
			84 City		85 Zip Code
					FL
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida, Such change was	ites, the above-named corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered
agent. La	m familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida Statutes.		
SIGNATURE	Signature, typed or printed name of registered as	nent and title it applicable (NO	TE: Registered Agent signature requi	ired when rejostation)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME			1.2 NAME		
STREET ADDRESS 10530 BRANCHTON CHURCH			1.3 STREET ADDRESS		
CITY-ST-ZIP	THONOTOSASSA FL 33592		1.4 CITY - S1 - ZIP		DAME DAME
TITLE	WORSHAM, ALLEN	LT DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	10530 BRANCHTON CHURC	CH RU	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP THONOTOSASSA FL 33592			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP		
TITLE		DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY+ST-ZIP			6.4 City-St-ZiP		

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 logal 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 attachment with an address.