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**

1997



FLORIDA DEPARTMENT OF STATE

Şandra Br Mortham

Secretary of State **DIVISION OF CORPORATIONS**



97 JUL 31 AM 8: 16

DOCUMENT # P96000067681 (2) 1. Corporation Name STATEWIDE COMMUNITY SERVICES, INC.								SECRETARY OF STATE TALLARASSEE FLORIDA				
Principal Place of Business Mailing A				ddress				a tomateder tim third hirst dettif Abbit da)((0 0 3 4 0 0 5 1 1 1 4 0 0 1 1	J 81(B) 18(8)) (1 0) 1 (00) 1	
P.O. BOX 10555 P.O. BOX 10555 TAMPA FL 33679 TAMPA FL 33679												
INMEN IL 990	,,,		INMEN EL	1811 71 TE 99970				DO NOT WRIT	E IN THIS SPA	CE		
							[7	3. Date Incorporated or Qualified	3a. Date o	of Last Re	port	
				Trace de la constitución de la c				08/14/1996		1		
2. Principal Place of Business			·	2a. Mailing Address				4. FEI Number			plied For t Applicable	
Suite, Apt.	#. etc.			Suite, Apt. #, etc.				just Starting up.	\$	8.75 A		
22			h	27				5. Certificate of Status Desired	4	Fee Red		
City & State	е			City & State				6. Election Campaign Financing	- (\$5.00	May Be	
23			28					Trust Fund Contribution		Added to		
Zip		Country	Zip		Country	r	4	8. This corporation owes or has p				
24	0 Name	25 and Address of Curre	29		30			Personal Property Tax due Jun- 0. Name and Address of New R] No	
ÇIM			in noglatorou A	gom	81	Name	<u>'</u>	U, Marile and Address of Mari II	Agistorea Age			
SIMMS, SCOTT L 4915 SAN RAFAEL TAMPA FL 33629						Street A	Address	(P.O. Box Number is Not Accepta	ble)			
84 Ci									FL			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							corpe oratio	lion submits this statement for the s board of directors. I hereby acce	purpose of cha pt the appoint	anging its ment as r	rogistered registered	
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required								nen reinstaling)	DATE			
			ND DIRECTORS					ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTORS	S IN 12	
TITLE	7	1	7-	DELETE	1.1 TITLE		Pre	sociens / secre	1474	Change	Addition	
NAME	9	E-Spender	ו		1.2 NAME		Ses	15 San Rulas	/			
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TITLE				■ DELETE	2.1 TITLE				Ц	Change	Addition	
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NAME					3.2 NAME				-	·		
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TITLE				DELETE	4.1 TITLE					Change	Addition	
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CITY-TT-ZIP				DELETE	5.4 CITY - 5 6.1 TITLE	11-ZIF			П	Change	Addition	
NAME					6.2 NAME					σ.		
STREET ADDRESS					6.3 STREET	ADDRESS						
C(TY-ST-ZIP					6.4 CITY - S							

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 uncontained in an another 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 har appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CHCMATHER

7/21/97 Dear Sir or Maam I incorperated Statewide Community
Some in Words and ing that the fee Fee but I never got a 15 I have included my check for e annual fee. It will really be najor hardship possibly closing me on if I am penalized because of please help me get this solved as soon as you can because I don't know what else to do. 20 Box 0555