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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000069252 (0)**

SNUG HARBOR/ARC, INC.

## FILED Feb 25 1997 8:00am Secretary of State



Dringsport Disc	te of Business	Mailing Address				-			10 118: 188:
mincipa mak 413-41ST AVI		7413-41ST AVE N							
	RG FL 33709	ST PETERSBURG FL 33709-4437							
						3. Date incorporated or Qualified 08/16/1996	3a. Dat	e of Last f	Report
2. Principa: Place of Business		2a. Mailing Address			4. FEI Number	<del>-1 </del>	A	pplied For	
1		26						lot Applicable	
Suite Apt	# etc	Suite Apt. #, e	tc.			5. Certificate of Status Desired			Additional Required
City & Star	te	City & State				Election Campaign Financing     Trust Fund Contribution			) May Be I to Fees
Zigi	Country	Zip	Cou	untry		8. This corporation has liability for i			s. <b>199</b> .032,
<u> </u>	25	29	30]	<del></del>			Yes L		
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Re	gisterea A	gent	
	YNOLDS, CATHERINE L			6'	Name				
	3-41ST AVE N		82 Street Add			dress (P.O. Box Number is Not Acceptable)			
51	PETERSBURG FL 33709			83	······································				
				84	City			<b>85</b> Zip	Code
					•	oration submits this statement for the pon's board of directors. I hereby accept	FL		
SIGNATURE									
2.	Signature, typical or pilited name of orgistered ag OFFICERS AN	ent and tife Tupplicable  VD DIRECTORS	(NOTE Registere		l signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	RS IN 12
			13.		I signature require			DIRECTO	
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To heactly defined the information supplied war or a sing does not quarry for the exemption stated in option (19.07(5)), Frontal statutes. Further event 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 Brock 12 or Block 131 changed, or on an attachment with an address.

SIGNATURE:

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Daytime Phone #