


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000079304 1. Corporation Name PINELLAS TAVARNKEEPERS, INC.					
2. Principal Place of Business 8029 124th Terr. N. LARGO, FL. 33773			3. Date Incorporated or Quefieri 9/23/94		
21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Rule, Apt. #, etc. 27. City & State 28. Zip 29. Country		4. FEI Number 59-3397892	
5. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required 6. Election Campaign Financing True Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent RICHARD A. MASLAR 8029 124th Terr. N. LARGO, FL. 33773			10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. State (FL) 85. Zip Code		
11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0605, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> 4/30/97					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE: <input type="checkbox"/> OF, E.E. 1.2 NAME: RICHARD MASLAR 1.3 STREET ADDRESS: 8029 124th Terr. N. 1.4 CITY-ST-ZIP: LARGO, FL. 33773			1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:		
2.1 TITLE: <input type="checkbox"/> DELETE 2.2 NAME: DALL BOSCH 2.3 STREET ADDRESS: 378 S. MAIN ST. 2.4 CITY-ST-ZIP: RUTLAND, VT.			2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:		
3.1 TITLE: <input type="checkbox"/> DELETE 3.2 NAME: MICHAEL PEKIC 3.3 STREET ADDRESS: 1210 7TH ST. N. 3.4 CITY-ST-ZIP: ST. PETERSBURG, FL. 33710			3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:		
4.1 TITLE: <input type="checkbox"/> DELETE 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:			4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:		
5.1 TITLE: <input type="checkbox"/> DELETE 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:			5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:		
6.1 TITLE: <input type="checkbox"/> DELETE 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:			6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 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 118.07(1)(c), 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 incorporator or stockholder authorized 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.					
SIGNATURE: <i>[Signature]</i>			000002170650 -05/08/97--01008--006 ***165.00		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/30/97					