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

PROFIT CORPORATION **ANNUAL REPORT**

1997

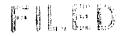


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082033 (7)



97 JUN 20 AM 11: 57

SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Plac 5622 DORY WA TAMPA FL 3361	NY .	Mailing Address 5822 DORY WAY TAMPA FL 33615-3632		·····	
					3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26			59-3421593 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 		Certificate of Status Desired Section
City & State	6	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Count	ry	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30		Florida Statutes
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent
	AY, ADA		8	1 Name	
	DORY WAY		8	2 Street A	Address (P.O. Box Number is Not Acceptable)
TAM	PA FL 33615		L		
}			8	3	•
1			8	4 City	85 Zip Code
				<u> </u>	FL s z p Cook
11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statules.					
SIGNATURE	Signature, typed or printed name of registered	Appet and allo if analysis in	F. Flooris Invent. A	mont s'appt vo	required when reinstalling) DATE
12.		ND DIRECTORS	13.		
THILE	D	DELETE	1.1 TITLE		GARAY, ADA Change Addition 6618 Hunley Rd. Tampa, TL. 33634
NAME	GARAY, GARY		1.2 NAM	:	6610 Harales Rd
STREET ADDRESS	5822 DORY WAY		1,3 \$1RE	et address	9018 Harriey Na.
CITY-ST-ZIP	TAMPA FL 33615		1.4 CITY	ST-ZIP	TAMPA, 126. 33634
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	GARAY, LUIS		2.2 NAM	i	
STREET ADDRESS	5822 DORY WAY		2.3 STRE	ET AUDRESS	
CITY-ST-ZIP	TAMPA FL 33615		2. 4 CITY		
TITLE		☐ DELFTE	3.1 T(TLE		
NAME			3.2 NAM		8000022214EMmin -06/24/9701064013 ****165.00 ****165.00
STREET ADDRESS				ET ADDRESS	*****103.UU *****103.UU
CITY-ST-ZIP		DELETE	3.4. CITY		Change Addition
TITLE		La Detere	4.1 TITLE		Charige E Adulton
NAME DEDECT ADDRESS	13.		4, 2 NAM		
STREET ADDRESS			ı	1 ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE		Change Addition
NAME		find severe	5.2 NAM	1	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			5.4 CITY		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		-	62 NAM	4	· -
STREET ADDRÉES				ET ADDRESS	
CITY-ST-ZIP			6.4 CITY		

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 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.

SIGNATURE: