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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 P96000084243 (0) DOCUMENT # 1. Corporation Name

CITY - S1 - ZIP

appears in Block 12 or Block

Principal Plac	OR, INC.  De of Business  POINT DRIVE #860  607	Mailing Address 2502 ROCKY POINT DRIVE TAMPA FL 33507-1445	#680	660	
				3. Date Incorporated or Qualified 10/09/1996	3a. Date of Last Report
<u>⊢</u> , `	Place of Business	2a. Mailing Address		4. FEI Number 59 3399303	Applied For
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stal	le	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for inta	
24	25		30	Florida Statutes 🔀 Y	es 🔲 No
	9. Name and Address of Current	Registered Agent	81 Name &	10. Name and Address of New Regis	tered Agent
AFOR POSICE DON'T 4000				lizabeth 7. Clawte	Rd
	MPA FL 33607		82 Street Add	dress (P.O. Box Number is Not Acceptable)	te B
			83	,	
			84 City C	Porton	FL 85 Zio Code 33707
11. Pursuant	to the provisions of Sections 607,0502	and 607 1508, Florida Statute	s, the above-named co	rporation submits this statement for the purp ation's board of directors. I hereby accept the	ose of changing its registered
office of I agent. I a SIGNATURE	registered agent, or both, in the state of am familiar with, and accept the obligate Signature types or pretend name of repostered agent	tions of spection 607.0505, Fiol	uthorized by the corpor- rida Statutes.  T- Cunter  Registered Agent signature req	2/	e appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TIRLE M D	irector, Precident, Sec, Tres	
NAME			1.2 NAME	enneth A Gordon	
STREET ADDRESS			1	502 Rocky Pt Dr +660	
TITLE		DELETE	1.4 C/TY-ST-Z/P 2.1 TITLE	Tompa, 7-L 33607 /ice Overrdout	Change Addition
NAME		<i>0</i>	2.2 NAME	Inthony P. Macoy	change
STREET ADORESS			2.3 STREET ADDRESS	502 Rock 14 Br \$ 1660	
CITY-ST-ZIP		***************************************	2. 4 City-St-ZiP	Tampa FL 33607	
TITLE		☐ DELETE	3.1 TITLE	• •	Change Addition
NAMÉ CARCEA AREROS CO			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TOU	···	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-7IP			4.4 CITY-ST-ZIP		
TRILE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME STREET ADORESS			5.2 NAME		
CITY - ST - ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TILE	* PPY/FARTA ST VINENCE	☐ DELETE	6.1 TITLE		Change Addition
NAME		.—	62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

64 CITY-ST-ZIP 14. If 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