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



Principal Place of Business	Mailing Address	
33 Faulkenburg Road Utie \$-208 Ampa Fl 33619	333 Faulkenburg Road Sutie B-208 Tampa Fl 33619-8027	
		3. Date Incorporated or Qualified 3a. Date of L.

COF ANNU	PROFIT RPORATION JAL REPORT 1997	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 21 1997 8:00an Secretary of State	
Principal Place  833 FAULKENBE SUTIE 8-208 TAMPA FL 3361	e of Business URG ROAD	Mailing Address 333 FAULKENBURG ROAD SUTIE B-208 TAMPA FL 33619-8027			
I TRAITA I E DOO!	•	TOWN TE SOCIO COLI		3. Date Incorporated or Qualified 10/18/1996	3a. Date of Last Report
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	26 P.O. Box 15 Suite, Apt. #, etc.	895	59-3432193	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State 28 TAMPA FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 29 33684	Country 30 Hius.	8. This corporation has liability for	intangible tax under s. 199.032,
24	9. Name and Address of Curre		30 HIUS.	Florida Statutes  10. Name and Address of New R	Yes X No egistered Agent
11. Pursuant office or nagent. I a	to the provisions of Sections 607.09 egistered a jont, or both, in the Sa m familiar with, and accept the obj	oe and 007, 1508, Florida Statu o of Florida Such change was ghloris of Section 607,0505, F	83 84 City tes, the above-named columnized by the corporatorida Statutos.	poration submits this statement for the ation's board of directors. I hereby acce	FL 85 Zip Code purpose of changing its registered put the appointment as registered #,4497
12.	Signature, typed or printed name of registered a	gent av viitle if applicable. (NO ND DIRECTORS	E. Registored Agent signature request 13.	uired when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ABBITIONS/ONANGES TO OFF	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	REINÅ, ANTHONY M 201 W. LAUREL ST. TAMPA FL 33802		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP	D ROJAS, JAVIER A 3112 W. HENRY AVE TAMPA FL 33614	LJ DELETE	2.1 THLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME	D Koutnik, John E 17501 Edinburgh Dr	X DELETE	3.2 NAME 3.3 STREET ADDRESS 3	Kasurer Acqueline M. Rojas Ool W. Jean St. Tanpa Pl B3614	Change 🔀 Addition
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33647			<del></del>	1 AL
CITY-SI-ZIP TITLE NAME STREET ADDRESS		☐ DELFTE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addilion
CITY-ST-ZIP TITLE NAME		☐ DELETE	4.1 TITLE 4.2 NAME		Change Addition

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 enqual 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, you an attachment with an address.

(8/3)

SIGNATURE:

**FILED**