## 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 # P96000088902 (7)

## **FILED** Apr 21 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address			
4622 LOWELL AVENUE 4622 LOWELL AVENUE TAMPA FL 33629 TAMPA FL 3362				
			3. Date incorporated or Qualified 10/25/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-340993	Applied For Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Financing	\$5.00 May Be
3	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip <b>29</b>	Country 30	8. This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, Yes  No
9. Name and Address of Cur			10. Name and Address of New Reg	istered Agent
THOMPSON, STEVEN F		81 Name		
101 EAST KENNEDY BLVD.		82 Street Add	dress (P.O. Box Number is Not Acceptable	9)
SUITE 1240 TAMPA FL 33802		83		,
FF 1811 F F T 1 100 10 10 10 10 10 10 10 10 10 10 10		84 City		85 Zip Code
Pursuant to the provisions of Sections 607.0     office or registered agent, or both, in the St		1 1		FL   T
SIGNATURE Stignature, typed or penter name of registered	bligations of, Section 607,0505, F	Florida Statutes. <b>Steven F.</b> OTE: Registered Apenl signature requ	Thompson	DATE
SIGNATURE Standard or period name of registered.  12. OFFICERS	oligations of, Section 607,0505, F	Steven F. 7	Thompson	DATE ERS AND DIRECTORS IN 12
agent, i am familiar and accept the of SIGNATURE Stynature, typied or printed name of registered 12. OFFICERS	bligations of, Section 607,0505, F	Steven F.  Steven F.  OTE: Registered Apenl signature req.  13.  1.1 TITLE	Thompson ulred when reinstating)	DATE ERS AND DIRECTORS IN 12
agent, i am familiar and accept the of SIGNATURE Standard or penter name of repretered 12. OFFICERS THEE PRESIDENT THOMPSON, I C JR	oligations of, Section 607, 0505, F	Steven F.  OTE: Registered Apenl signature req.  13. 1.1 TITLE 12 NAME	Thompson  Ultiple when remarking)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
SIGNATURE Signature, typed or proteo name of agosterect public typed or	oligations of, Section 607, 0505, F	Steven F.  Steven F.  OTE: Registered Apenl signature req.  13.  1.1 TITLE	Thompson  Ultiple when remarking)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
SIGNATURE Standard protest of the protest and accept the of SIGNATURE Standard protest of the pr	oligations of, Section 607, 0505, F	OTE: Registered Apen signature requirements  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	Thompson  Ultiple when remarking)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12 Change Addition
agent I am familiar and accept to of SIGNATURE Signature, typed or proteon name of agestered title.  12. OFFICERS THILE THOMPSON, I C JR 4622 LOWELL AVENUE TAMPA FL 33629 TITLE NAME	d agent and like if applicable (NC AND DIRECTORS DELETE	OTE: Registered Apen) signature required.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.2 NAME	Thompson  Ultiple when remarking)  ADDITIONS/CHANGES TO OFFICE	DATE  ERS AND DIRECTORS IN 12  Change Additio
agent, I am familiar and accept the of SIGNATURE  Signature, Typed or penter name of registered  12. OFFICERS  THILE NAME  SIRET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  THE STREET ADDRESS  THE STREET ADDRESS	d agent and like if applicable (NC AND DIRECTORS DELETE	OTE: Registered Apent signature requirements  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	Thompson Uled When reinstating) ADDITIONS/CHANGES TO OFFICE PRESIDENT	DATE  ERS AND DIRECTORS IN 12  Change Additio
agent I am familiar and accept to of SIGNATURE Standard process of Englishers I present of protein name of registered Tables Thompson, I C JR 4622 LOWELL AVENUE TAMPA FL 33629  TITLE NAME STREET ADDRESS CITY ST-7P	d agent and like if applicable (NC AND DIRECTORS DELETE	OTE: Registered Apen) signature required.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.2 NAME	Thompson Uled When reinstating) ADDITIONS/CHANGES TO OFFICE PRESIDENT	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition
agent, I am familiar and accept the of SIGNATURE Signature, typical or printed name of registered 12.  OFFICERS THE PRESIDENT THOMPSON, I C JR 4622 LOWELL AVENUE TAMPA FL 33629  TITLE NAME STREET ADDRESS CITY ST-7P HILE	Digations of, Section 607.0505, F	OTE: Registered Apen) signature requirements  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 DITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	Thompson Uled When reinstating) ADDITIONS/CHANGES TO OFFICE PRESIDENT	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Addition
agent, I am familiar and accept the of SIGNATURE Signature, typical or printed name of registered 12.  OFFICERS TILLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME NAME	Digations of, Section 607.0505, F	OTE: Registered Apent signature requirements  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS	Thompson Uled When reinstating) ADDITIONS/CHANGES TO OFFICE PRESIDENT	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Addition
agent I am familiar and end accept to of SIGNATURE Signature, typed or pented name of appointed 12.  OFFICERS THILE THOMPSON, I C JR 4622 LOWELL AVENUE TAMPA FL 33629  THE NAME SIREELADBESS CITY ST-7P	Digations of, Section 607.0505, F	OTE: Registered Apent signature requirements  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP	Thompson Uled When reinstating) ADDITIONS/CHANGES TO OFFICE PRESIDENT	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
agent I am familiar and accept to of SIGNATURE Signature, typed or pented name of apportered to the state of the signature of	Digations of, Section 607.0505, F	OTE: Registered Apent signature requirements  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 DTLE	Thompson Uled When reinstating) ADDITIONS/CHANGES TO OFFICE PRESIDENT	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
agent I am familiar and accept to of SIGNATURE Signature, typed or pented name of apportered 12. OFFICERS TILLE THOMPSON, I C JR SEREFT ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY ST-7/P TITLE NAME STREET ADDRESS CITY ST-7/P TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME	Digations of, Section 607.0505, F	OTE: Registered Apenl signature requirements  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME	Thompson Uled When reinstating) ADDITIONS/CHANGES TO OFFICE PRESIDENT	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
agent i am familiar and end accept to of SIGNATURE Signature. Typical or printed name of apportered to the printed part of apportered to the p	DELETE	OTE: Registered Apent signature requirements  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 DTLE	Thompson Uled When reinstating) ADDITIONS/CHANGES TO OFFICE PRESIDENT	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Addition
agent i am familiar and end accept to of SIGNATURE Signature. Typed or proteo name of agriculture. The SIGNATURE THOMPSON, I C JR 4622 LOWELL AVENUE TAMPA FL 33629  TITLE NAME STREET ADDRESS CITY ST-7P  TITLE NAME STREET ADDRESS CITY ST-7P  TITLE NAME STREET ADDRESS CITY-ST-7P	Digations of, Section 607.0505, F	TITLE  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS	Thompson Uled When reinstating) ADDITIONS/CHANGES TO OFFICE PRESIDENT	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
Agent, I am familiar and accept to of SIGNATURE Signature, typed or ponted name of agestered 12.  OFFICERS  THUE THOMPSON, I C JR  4622 LOWELL AVENUE TAMPA FL 33629  TITLE NAME STREET ADDRESS CITY ST-7P TITLE NAME STREET ADDRESS CITY ST-7P TITLE NAME STREET ADDRESS CITY ST-7P TITLE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-7P TITLE NAME	DELETE	TITLE  12 NAME  13 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4. CITY-ST-ZIP  5.1 TITLE  5.2 NAME	Thompson Uled When reinstating) ADDITIONS/CHANGES TO OFFICE PRESIDENT	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
Agent. I am familiar and accept to of SIGNATURE  Signature, typed or protes name of agesteres.  12. OFFICERS  THUE  NAME  SIREFI ADDRESS  CITY-SI-7IP  TITLE  NAME  STREET ADDRESS	DELETE	TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  21 CITY-ST-ZIP  31 TITLE  32 NAME  33 STREET ADDRESS  24 CITY-ST-ZIP  31 TITLE  32 NAME  33 STREET ADDRESS  34 CITY-ST-ZIP  41 TITLE  42 NAME  43 STREET ADDRESS  44 CITY-ST-ZIP  51 TITLE  52 NAME	Thompson Uled When reinstating) ADDITIONS/CHANGES TO OFFICE PRESIDENT	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
Agent. I am familiar and accept to of SIGNATURE  Signature, typed or proteo name of appointed fills.  OFFICERS  THUE  NAME  SIREET ADDRESS  CITY-SI-2IP  TITLE  NAME  STREET ADDRESS  CITY-SI-7P  TITLE  NAME  SIREET ADDRESS  CITY-SI-7P	DIGATIONS OF, SECTION BUT, OSUS, F.  d agont and like if applicable (AK  AND DIRECTORS  DELETE  DELETE  DELETE	TITLE  12 NAME  13 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4. CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP	Thompson Uled When reinstating) ADDITIONS/CHANGES TO OFFICE PRESIDENT	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
Agent. I am familiar spend accept to of SIGNATURE Standard by proteon name of appointed to proteon name	DELETE	TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  21 CITY-ST-ZIP  31 TITLE  32 NAME  33 STREET ADDRESS  24 CITY-ST-ZIP  31 TITLE  32 NAME  33 STREET ADDRESS  34 CITY-ST-ZIP  41 TITLE  42 NAME  43 STREET ADDRESS  44 CITY-ST-ZIP  51 TITLE  52 NAME  53 STREET ADDRESS  54 CITY-ST-ZIP  61 TITLE	Thompson Uled When reinstating) ADDITIONS/CHANGES TO OFFICE PRESIDENT	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
Agent. Fam familiar and accept to of SIGNATURE Standard to proteen name of agestered T2.  OFFICERS  IIILE THOMPSON, I C JR  STREET ADDRESS CITY-ST-ZIP TAMPA FL 33629  TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIGATIONS OF, SECTION BUT, OSUS, F.  d agont and like if applicable (AK  AND DIRECTORS  DELETE  DELETE  DELETE	TITLE  12 NAME  13 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4. CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP	Thompson Uled When reinstating) ADDITIONS/CHANGES TO OFFICE PRESIDENT	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition

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.