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

PROFIT CORPORATION ANNUAL REPORT

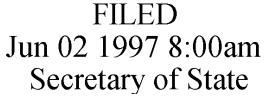


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPURATIONS

1997



Robert Norman 4/30/97(813)821-8804

DOCUMENT #P96000 944446						
Chr	ist yourng					
Principal Plac	e of Business Mailing	g Address				
390	01-649 34.3.	< An	1			
54. retersoung				3. Date Incorporated or Qualified 3a. Date of Last Report		
F (33705				10/15/96 NA	
2. Principal Place of Business 21 3901-644 S4. S. 26				4. FEI Number Applied F		
Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition		
City & State					Fee Required	
23 S.F.R	etersburg FL 28	y a olaic			6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees	
Zip Country Zip Coun				у	This corporation has liability for intangible tax under s. 199.0 Florida Statutes ▼ Yes No	132.
24 33	9. Name and Address of Current Registere	d Agent	30		10. Name and Address of New Registered Agent	
Robe	+ Norman		8	Name		
2411 1512 54 12			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
P. Landy Fr			8	3		
Idim	12HO 2 34291		8	1 City	■■ 85 Zip Code	
		500 Ft				
office or r	to the provisions of Sections for 1002 and 607 registered agent, or both, in the State of Florida. Similar with, and accept the obligations of, Se	Buch change was	authorized t	by the corporat	poration submits this statement for the purpose of changing its regis- tion's board of directors. I hereby accept the appointment as registed	pred
SIGNATURE	Signature typed or printed name of registered agent and Life if app	of cable (NC	DIF Begistered A	gent signature requi	rec when recisiong) DATE	
12.	OFFICERS AND DIRECTO		13.	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE	President	L_J DELETE	1 1 111LE 1 2 NAME		Change A	lddition
NAME STREET ADDRESS	C BB CT T			T AODRESS		
CITY-ST-ZIP	1 - 1 - 1			- \$1 - 7 (P		
TITLE	•	DELETE	2 1 111. F		Change A	Addition
NAME			2.2 NAM!			
STREET ADDRESS CITY-ST-ZIP				- ST - ZIP		
TITLE		DELETE	3.1 TITLE	31 1/1	Change A	Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREE	T ADDRESS		
CITY-ST-ZIP		Briefe	3.4 CITY	- S1 - ZIP	Channe	ald's on
TITLE		☐ DELETE	4.1 717(6		Change L A	ddition
NAME STREET ADDRESS			4. 2 NAM	I ADDRESS		
CITY ST-ZIP			43 SIRCI			
TITLE		DELETE	511/11/6	31 71	Change A	ddition
NAME			5.2 NAME		<i>\\</i>	
STREET ADDRESS			5.3 STRE	ZZBRDCA T	`, / *	
CITY-ST-ZIP			5.4 CITY	\$1-7iP		
TITLE		DELETE	6 1 TITLE	Į.		ddition
NAME			6.2 NAME		400002207444 -06/10/9701047010	
STREET ADDRESS				T ADDRESS	-06/10/9701047010	
CHY-ST-ZIP	by carlify that the information consider with this file	ing does not a to	64 CITY		***165.00 d in Section 119.07(3)(i), Florida Statutes. I further certify that the	
informatio	on indicated on this arinual report or supplementa	i annual report is r or trusted empo	true and acc wered to exc	curate and that	of in Section 173-07(5)(n). Florida Statices Florier Cettily that the time signature shall have the same legal effect as if made under oat it as required by Chapter 607, Florida Statutes, and that my name	h; that