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 # P96000097048 (8)

SOUTHWIND BUSINESS MANAGEMENT, INC.

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														12111441
11824 LANCASHIRE DRIVE TAMPA FL 33626					11824 LANCASHIRE DRIVE TAMPA FL 33626-2637									
											Date Incorporated or Qualified 11/25/1996	3a. C	Date of Last R	eport
2. Principal F	Place of Busin	noss		2a.	Mailing Address					4.	. FEI Number		Ap	oplied For
21				26									No	x Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.						. Certificate of Status Desired		\$8.75	Additional
22				27						<u>.</u>	Certificate of Status Desireu	1	Fee Re	pquired
City & State				<u> </u>	City & State					6.	Election Campaign Financing		\$5.00	
23				28							Trust Fund Contribution		Added I	
			'y		}			ry		₿.	This corporation has liability for			. 199.032,
									10	Florida Statutes Name and Address of New R		Agent		
070	TAMPA FL 33626 TAMPA FL 33626-26 2. Principal Place of Business						8	1	Name	10.	, 11¢1110 #110 NGO1049 OI 11¢17 11	o Bratolen	Agont	
1							_	1				···		····
							6	2	Street Address (P.O. Box Number is Not Acceptable)					
IAM	MPA FL 330	20					В	3			· · · · · · · · · · · · · · · · · · ·		····	
11. Pursuant to the provisions of office or registered agent, or agent. I am familiar with, and SIGNATURE							L.	\perp						
							8	4	City			FL	85 Zip (Code
11. Pursuant office or agent. I a	t to the provis registered ag am familiar w	ions of Sec jent, or bot ith, and acc	tions 607.05 h, in the Stat cept the oblig	02 and 6 te of Florio gations of	07.1508, Florida Statu da. Such change was f, Section 607.0505, F	tes, auth lorida	the abo orized a Statut	ve- by i	-named corpo the corporatio	ratio n's t	on submits this statement for the board of directors. I hereby according	purpose o	of changing it pointment as	s registered registered
SIGNATURE													······································	
12	Signature typed					IE: He	13.	gen	osityper erutangia in		ADDITIONS/CHANGES TO OFF	DATE CEDS AN	ID DIDECTOR	20 141 22
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	Henri	المنظالات المناوات	n ch Lue	D004	•				ADDRESS					
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		7			DELETE		2.1 TITLE					·- ·-·	Change	Addition
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CITY-ST-ZIP							2 4 CITY	'- S1	T-ZIP					
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	<u> </u>					_	3.4. CITY	******	r-zip					
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i							4. 2 NAA							
STREET ADORESS									address					
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1							5.2 NAM							
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TITLE					DELETE	Į	6.1 TITU		1				Change	Addition
NAME							6.2 NAM							
STREET ADDRESS	1					- 1	6.3 STRE	ei A	ADDRESS					

6.4 CITY-ST-ZIP 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 changed, or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

FILED

May 08 1997 8:00am

Secretary of State

A MARANARA BAK ABBIN MILIT MARIA MARIA BURAN BURAN TERKA ABBIN BARAN BARAN ARAM ARAM ARAM ARAM