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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF ST

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1997

## DOCUMENT # P96000098504 (9)

## FILED May 14 1997 8:00am Secretary of State

Principal Place of Business Mailing Address M4 - 1901 BRINSON ROAD LUTZ FL 33549 M4 - 33549		ROAD					
				<ol> <li>Date Incorporated or Qualification</li> <li>12/02/1996</li> </ol>	ed <b>3a.</b> Da	te of Last R	eport
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
21 Same Suite, Apt #, etc.		ime		37-341878	)		t Applicable
22   State, Apr. #, etc.	Suite, Apt. #, etc	<i>.</i> ,		5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State	City & State	:		6. Election Campaign Financin		\$5.00	May Be
23	28	1 - 5		Trust Fund Contribution			to Fees
Zip Countr 24 25	7y Zip	Gountry 30		This corporation has liability     Florida Statutes	for intangible i		. 199.032,
	ess of Current Registered Agent	30		10. Name and Address of New			
MCDOWELL, GENE		81	Name	······································			
4141 WEST WATERES AV	VENUE	82	Street Addr	Shine ess (P.O. Box Number is Not Acce	ntable)		
TAMPA FL 33549							
		83					
-	•	84	City		<b>i</b> — a	85 Zip	Code
	007 0500 and 007 4500 Florida C	Not too No ob our			- FL		
office or registered agent, or both agent. I am familiar with, and acc	h, in the State of Florida. Such change to sept the obligations of, Section 607,050	was authorized by the Statutes.	he corporati	ion's board of directors. I hereby a	ccept the appo	ointment as	16 Blorellen
	in of registered agent and the P applicable	INOTE Registered Agent		ed when reinstating)	DATE		
SIGNATURE Signature, typed or printed name	a de la companya de	INOTE Registered Agent			DATE		3S IN 12
SIGNATURE Signature, typed or printed name	er of registered agent and the Papplicable DEFICERS AND DIRECTORS	INOTE Registered Agent		ed when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE Structure, typed or printed name  12. C  THE D  NAME WILZIG, NAOMI  STREET ADDRESS  M4 - 1901 BRINSON	er of registered agent and the II applicable DEFICERS AND DIRECTORS  DELETE	INOTE Registered Agent  13. E 1.1 TITLE	signalure requin	ed when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE   Signature, typed or printed name   TELE   D   WILZIG, NAOM!   WI	n of registered agent and this II applicable DEFICERS AND DIRECTORS  DELETE  N ROAD	INOTE Registered Agent  13. E 1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-ST-	signature require	ed when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE   Signature, type-ed or printed name   The Figure   The Fi	no of registered agent and the Papplicable DEFICERS AND DIRECTORS  DELETE  N ROAD	INOTE Registered Agent  13. E 1.1 TITLE 1.2 NAME 1.3 STREET AD 1 4 CITY-SY- E 2.1 TITLE	signature require	ed when reinstating)	DATE	DIRECTOR	RS IN 12
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SIGNATURE Signature, typeed or printed name  12. C  THE D  NAME SIRREF ADDRESS CHY-S1-ZIP UTZ FL 33549 D  HARRIS, JEFFERY II P.O. BOX 17104	no of registered agent and the Papplicable DEFICERS AND DIRECTORS  DELETE  N ROAD	INOTE Registered Agent  13. E 1.1 TITLE 1.2 NAME 1.3 STREET AD 1 4 CITY-SY- E 2.1 TITLE	DDRESS ZIP	ed when reinstating)	DATE PFICERS AND	DIRECTOR Change	RS IN 12
SIGNATURE Signature, typeed or printed name  12. C  THE D  NAME STREET ADDRESS CHY-ST-ZIP UTZ FL 33549 UTZ FL 33549 HARRIS, JEFFERY E P.O. BOX 17104 TAMPA FL 33682	n of registered agent and this II applicable  DEFICERS AND DIRECTORS  DELETE  N ROAD  DELETE  C  8920 Hamnea  4  79m on Fl. 33	INOTE Registered Agent  13. E 1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-SY- E 2.1 TITLE 2.2 NAME 2.3 STREET AD 2.4 CITY-ST- 2.4 CITY-ST-	DDRESS ZIP	ed when reinstating)	DATE	DIRECTOF Change Change	RS IN 12 Addition
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14. Los 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 eath; 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.

SIGNATURE: Naomi

TURE AND TYPED OR PRINTED NAME OF GANING OFFICER OR DIRECTOR

3-949-3412 0°

4/16/97 Daysing 11 de : 0010242