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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham .

**FILED** 

May 19 1997 8:00am

Secretary of State

Socretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000101807 (1)

CLUB 14	13U, ING.			4 N. 4 1 1 2 1 1 1 2 4 1 1 2 2 1 1 2 4 1 1 2 4 1 1 2 4 1 1 2 4 1 1 2 4 1 1 2 4 1 1 2 4 1 1 2 4 1 1 2 4 1 1 2 4
Principal Plac	e of Business	Mailing Address	A STANDARD OF THE PROPERTY OF	
2004 DURHAM STREET POST OFFICE BOX 5238				
TAMPA FL 3960	D.	TAMPA FL 33675-5238		
				3. Date Incorporated or Qualified 3a. Date of Last Report 12/17/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied for
21 26		<del></del>		59-3437470   Not Applical
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired
City & Stat	9	City & State		6. Election Campaign Linancing \$5.00 May Be
23 Zin	Country	7.0	T 5	Trust Fund Contribution Added to Fees
Zip	25	Z(p	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	9. Name and Address of Co		1901	10. Name and Address of New Registered Agent
CAP	ITANO, JOSEPH JR.		81 Name	
2004 DURHAM STREET 82 Street Address				ress (P.O. Box Number is Not Acceptable)
TAM	PA FL 33605		83	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 603	7.0502 and 607.1508, Florida Stat	utes, the above-named corp	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registered
agent la	m familiar with, and accept the	obligations of, Section 607.0505, I	Florida Statutes.	tions board or directors. I horoby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of register	ed agont and tyle if arrelication (N	OTE: Registered Agent signature requi	red when reinstating) DATE
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addit
NAME	CAPITANO, JOSEPH JR.	***	1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 5238	N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	TAMPA FL 33675	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addit
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		DE CE	2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME	Change Addit
NAME STREET ADDRESS			8.3 STREET ADDRESS	
CITY-ST-ZIP			8.4. City-St-Zip	
TITLE		DELETE	4.1 3ITLE	Change Addit
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY+ST-ZIP TITLE		DELETE	4.4 CHY-ST-ZIP 5.1 HILE	Change Addit
NAME			5.2 NAME.	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			\$.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addil
NAME .			6.2 NAME	
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City-St-Zip	
14. I do herel			alify for the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the
laman o	ifficer or director of the corporati	on or the receiver or trustee empe	owered to execute this repo	t my signature shall have the same legal effect as if made under oath; rt as required by Chapter 607, Florida Statutes; and that my name
appears i	_	ed, or on an attachment with an a		

SICKMELLET ALT OFFICE AND CO. U. It am azalallaz