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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S07177

(6)

THE EDIT SUITES, INC.

FILED May 06 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing A	Mailing Address				/ 100(1010 Iff. Shirt seas) their texts abbit did to end a part along state bible tobe			
1205 W. SWAN TAMPA FL 338			SWANN AVE L 33606-2639							
							3. Date Incorporated or Qualified 10/18/1990		te of Las 08/199(,
2. Principal P	lace of Business	2a. Mailin	g Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number			Applied For
21		26	26				59-3036740			Not Applicable
Sulte, Apt.	#, etc.	Suite,	Apt. #, etc.				5. Certificate of Status Desired	×		5 Additional Required
City & State	е	City 8	State		•		Election Campaign Financing Trust Fund Contribution	П		May Be
Zip	Country	Zip		Cour	ntry	·	This corporation has liability for it	ntangible	*** ******	
24	25	29		30] No	, o. 105.00E,
	9. Name and Address of Curren		Agent				10. Name and Address of New Re		Agent	
WOL	RDES, JIM				81	Name				
1390	04 CHERRY DALE LANE IPA FL 33618					Street Add	dress (P.O. Box Number is Not Acceptable)			
•]-	83					
				<u> </u>	84	City	· · · · · · · · · · · · · · · · · · ·		85 Z	n Code
						_		<u> </u>		
agent. I a	m familiar with, and accept the oblig	ations of, Section	on 607.0505, FI	lorida Statu	ites	i.	poration submits this statement for the p alion's board of directors. I hereby accep	t the app	ointment	as registered
12.	Signature, typed or printed name of registered ag	ID DIRECTORS		13.	Age	ni aignaiture requ	illied whon reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTI	ORS IN 12
TITLE	D	II) OILLE OTOTIO	DELETE	1.1 7111	F		7.001101101101011011011011011011011011011	2.11071110	Chang	
NAME	WORDES, JIM		_	1.2 NAI					_	
STREET ADDRESS	13904 CHERRY DALE LANE					ADDRESS				
CITY-ST-ZIP	TAMPA FL			1.4,C/T						
TITLE	Trutti 73 1 E		DELETE	21 101		1-217			Chang	e Addition
NAME				2 2 NA						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				2.4 CIT						
TITLE			DELETE	3.1 101					☐ Chang	e Addition
NAME				3.2·NAM	ME					
STREET ADDRESS				3.3 STF	REET	ADDRESS				
CITY-ST-ZIP				3.4. CIT	Y-\$	T- Z IP				
TITLE			DELETE	4.1 TiTO	.E				☐ Chang	e [] Addition
NAME				4. 2 NA	ME					
STREET ADDRESS				4.3 STH	EET.	ADDRESS				
CITY-ST-ZIP				4.4 (CIT)	Y - ST	T-71P				
TITLE			DELETE	5.1 TITL	F				Chang	e Addition
NAME				52 NAI	ME					
STREET ADDRESS				5.3 ISTE	REE 1	ADDRESS				
CITY-ST-ZIP				5.4 PIT	Y-\$1	T-ZIP				
TITLE			DELETE	6.1 ∄∏					☐ Chang	e Addition
NAME				6.2 NAI	ME					
STREET ADDRESS				6.3 BTR	EFT.	ADDRESS				
CITY-ST-ZIP				6.4 DH		1				
44 3-1	and the state of t	at a seal of the City of								

I do hereby certify that the Information supplied with this filling 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 if changed, or on an attachment with an address.