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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS					Secretary of State			
	MENT # S			(4)				(I B sink) is all b sink sink sink sink	. 	f Aracc disks kralj	ia mińsi (mmi
Principal Place of Business 9105 JASMINE BLVD NEW PORT RICHEY FL 34854			Mailing Address 9105 JASMINE BLVD NEW PORT RICHEY FL 34654-3467				A				
U\$			US					3. Date incorporated or Qual 01/11/1991		Date of Last 1/25/1996	Report
1	lace of Business		··· ')	ling Address				4. FEI Number		14	Applied For
Suite, Apt	#, etc		26 Suit	e. Apt. #, etc.				59-3042459			Not Applicable Additional
22			27					Certificate of Status Desire	d []		Required
City & State	ri .		City 28	& State				Election Campaign Financi Trust Fund Contribution	ng 🖂		May Be
Ζφ 24	Co 25	intry	Z(p)		30 Cou	untry	,	This corporation has liability Florida Statutes		le tax under	
<u> </u>		Idress of Current R		d Agent	1001			10. Name and Address of Ne			
	OVA, RONALD					B1	Name				
	5 Jasmine Blvd 7 Port Richey F	24854				82	Street Ad	dress (P.O. Box Number is Not Acc	entable)		
HEN	FORT NICHELL	L 34004				83				· · · · · · · · · · · · · · · · · · ·	
						84	City		F	. 85 Zir	Code
11. Pursuant office or r agent. Fa	to the provisions of registered agent for in tamillar with, and	Sections 607,0502 a both, in the State of accept the obligatio	nd 607.15 Florida Si ins of, Sec	508, Florida Statu uch change was ction 607.0505, F	ites, the a authorize lorida Sta	hove d by tutes	e-named co y the corpor s.	rporation submits this statement for ation's board of directors. I hereby	the purpose accept the a	of changing ppointment a	its registered is registered
SIGNATURE	Superior species percent	ta seed respeleted agains a	nd title it appl	Lable (NO	TE Registere	d Ago	ont signature req	guired when reinstating)	DATE		
12.		OFFICERS AND I	DIRECTOR		13.			ADDITIONS/CHANGES TO	OFFICERS A		
TOTAL NAME	D Padova, Rona	וח		DELETE	1.1 T 1.2 N					Change	Addition
STREET ADDRESS	9105 JASMINE				•		ADDRESS				
CITY (ST. 76)	NEW PORT RIC				- 1		ST - ZIP				
11116				☐ DELETE	211	TLE				Change	Addition
NAVE					22N						
STROPT ACORESS CHY-ST-201					1		ADDRESS ST-ZIP				
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SIRELL ADDRESS							ADDRESS				
CIBY - ST- ZiP					4		ST-ZIP				

14. 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 inclosed 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 Black 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED

Mar 21 1997 8:00am

(613) 863-8381

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