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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S26216

(9)

FILED Mar 12 1997 8:00am Secretary of State

3. Date Incorporated or Qualified 01/18/1991 2. Principal Place of Business 2s. Mailing Address 4. FEt Number 59-3049376 Suite, Apt. #, etc. 59-3049376 Suite, Apt. #, etc. 5. Certificate of Status Desired 27 City & State City & State 5. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution 2p 2p 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New R CUCULCH, STEVEN 4912 E. HILLSBOROUGH AVE. TAMPA FL 33610 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby according to the corporation's board of directors. I hereby according to the Corporation's board of directors. I hereby according to the Corporation's board of directors. I hereby according to the Corporation's board of directors. I hereby according to the Corporation's board of directors. I hereby according to the Corporation's board of directors. I hereby according to the Corporation's board of directors. I hereby according to the Corporation's board of directors. I hereby according to the Corporation's board of directors. I hereby according to the Corporation's board of directors. I hereby according to the Corporation's board of directors. I hereby according to the Corporation's board of directors. I hereby according to the Corporation's board of directors. I hereby according to the Corporation's board of directors. I hereby according to the Corporation submits this statement for the Corporation's board of directors. I hereby according to the Corporation's board of directors. I hereby according to the Corporation's board of directors. I hereby according to the Corporation submits this statement for the Corporation submits this statement for the Corporation submits this statement for the Corporation's board of directors. I hereby according to the Corporation s	C5/01/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Internatible tax under s. 199.032, Yes No Not Applied For Not Not Applied For Not Not Applied For Not
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CICALATURE / M. M. C.	FL 85 Zip Code
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFI	3/3/97 DATE
TITLE PSTD DELETE 1.1 TITLE	☐ Change ☐ Addition
NAME CUCULICK, STEVEN 1.2 NAME	
STREET ADDRESS 4912 E. HILLSBOROUGH AVE. 1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 1.4 DITY-ST-ZIP	
TITLE D DELETE 2.1 TITLE	Change Addition
NAME SCHAUER, NEIL 2.2 NAME	
STREET ADDRESS 4912 E. HILLSBOROUGH AVE. 2.3 STREET ADDRESS	
CITY-SI-ZIP TAMPA FL 2 4 CITY-ST-ZIP	
TOLET 31 TITLE	Change Addition
NAME \$2 NAME \$32 NAME \$33 STREET ADDRESS	
C(1) ST - 2	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
City-St-ZiP 4.4 City-St-ZiP	
TITLE DELETE 5.1 TITLE	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRES	
CITY - ST - ZIP 54 CITY - ST - ZIP	
TITLE DELETE 61 TITLE	Change Addition
NAME 6.2 NAME	
STREET ADORESS 6.3 STREET ADORESS	
City: S1-2iF 6.4 City: S1-2iP 6.4 City: S1-2iP 6.4 City: S1-2iP 14. Lide hereby could that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i) Florida Status	

roo necesy demity that the mismation supplies with this filling does not quality 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 13 if granged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-650-3100