AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMJUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

97 AUG -7 AM 10: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Principal Place	of Busines	s		Mailing Address								J 81811 B1811 8 1811	I WINA BUNI	
651 ALTERNAT				651 ALTERNATE 19										
PALM HARBOR FL 34683				PALM HARBOR FL 34683						DO NOT WRI	IE IN THIS	SPACE		
										3. Date Incorporated or Qualified		Date of Last R	leport	
										02/14/1991	_ ∩∠	1/24/1996		
2. Principal Pl	ace of Busin	ness		2a. Mailing Address						4. FEI Number			plied For	
21				26						59-3049304			ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75		
22				27								Fee Re		
City & State				City & State						6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip Country				Zip Country						8. This corporation owes or has paid the current year Intangible				
24	25			29 30						Personal Property Tax due June 30. Yes No				
<u> </u>	9, Name	and Address	of Current R	egistered		10. Name and Address of New I	legistered	l Agent .						
	\C, ALLAN						81	Name		· ·				
651 ALTERNATE 19							82	Street	Address (P.O. Box Number is Not Acceptable)					
PALI	m Harbof	R FL 34683							· · · · · · · · · · · · · · · · · · ·					
							83							
							84	City			FL	85 Zip (Code	
11. Pursuant t	to the provis	ions of Section	is 607.0502 ai	id 607.15	08, Florida Sta	tutes, the a	DOV	-named	corpo	ration submits this statement for the	nurnose (of changing it	ls registered	
office or re agent. Lar	egi ste red ag m fam iliar wi	jont, or both, ir ith, and accept	n the State of F I the obligation	Torida Suns of, Sec	ich change wa tion 607.05 05 ,	as authorize Florida Sta	d by tutes	/ the cor s.	poratio	n's board of directors. I hereby acc	ept the ap	pointment as	registered	
SIGNATURE														
	Signature, typed	or printed name of					o Age	ent signature	e required	when reinstating)	DATE	In numeros		
12.	D	OFF	CERS AND D	RECTOR	S DELETE	13. 1.1 ?	316		Т	ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition	
NAME	ISAAC, A	HI AN				1.1 1 1.2 N						□ Croude	LI AGORDI	
STREET ADDRESS							STREET ADDRESS							
CITY-ST-ZIP	PALM HARBOR FL						CITY-ST-ZIP							
TITLE	71,00,00				☐ DELETE	2.1 1						☐ Change	Addition	
NAME				2.21			2.2 NAME			**************************************		-		
STREET ADDRESS	STREET ADDRESS			2.3			2.3 STREET ADDRESS			MODDOS	200	1222		
CITY-ST-ZIP	ITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·			ST-ZIP	ļ	300002		دعده		
TITLE					☐ DELETE	3.1 T	TLE	aja ji nan			2457		Addition	
NAME						3.2 N	AME			-08/12 ****	65.00	****1	65.00 l	
STREET ADDRESS								ADDRESS		- · · · ·				
CITY-ST-ZIP					DELETE	3.4. (4.1 T		ST-ZIP	 		 	Change	Addition	
TITLE					יים מיבובונ							CT CHANGE	L.J Addition	
NAME STREET ADDRESS							IAME 10cct	ADDRESS						
CITY-ST-ZIP								T-ZIP						
TITLE					DELETE	5.1 T		11-24	 	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME						5.2 N								
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP						5.4 0	<u> </u>	T-ZIP	<u>L</u> _					
TITLE					DELETE	6.1 7	TL [10	18/11		Change	Addition	
NAME						6.2 N	AME		W	[0].				
STREET ADDRESS					Λ	6.3 S	18661	ADDRESS	120					
CITY-ST-ZIP				11 At 200	//			1 - ZiP	<u> </u>	- D2' 440 07/0/2' E				
14. I do hereb informatio	by cer tify that indicated in	u the informatio on this annyal	uthout or anbi	im this filir Domental	nydoes not qu Inual report i	iality for the is true and	exe	mption s rate and	stated i d that n	in Section 119.07(3)(i), Florida Statu ny signature shall have the same le	tes. I furth gal effect :	er certify that as if made un-	tne der oath; that	
l am an of appears ir	flicer ar dire n Block 12 a	ctor of the Cyrr or Block 13 if jol	offation or the runged, or on	receiver an atla	or trusted emp ment with an a	owered to address.	эхес	ute this	report :	ny signature shall have the same le as required by Chapter 607, Florida	Statutes;	and that my r	name	