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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

LIFF
May 01 1997 8:00am
Secretary of State

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OCUMENT # S3	33003	(2)					
TOM-KAT OF PINELLAS, 1	INC.	` '		. 	NAN BURK BURU)(64) (11 1) 9	
to action of Discovery and Discovery		lailing Address	······································				
Principal Place of Business UBWAY 745 22ND AYE. SOUTH T. PETERSBURG FL 33711		SUBWAY 4745 22ND AVE. SOUTH ST. PETERSBURG FL 33711-2325					
. PETERSBURG FL 33/11	Q1	. PETENSOUNG PC 9	011146620	3. Date Incorporated or Qualified 02/18/1991	3s. Date 4		port.
Principal Place of Business	28	Mailing Address		4. FEI Number		_ 	plied For
508 w 44 Suite, Apt. #, etc.	26	Subway Suite, Apt. #, etc.		59-3051839		No 8.75 A	1 Applicable
6754 68th ST.	NO, 27	675468	th ST. NO.	5. Certificate of Status Desired		Fee Re	
City & State Line 1/45 Park	FL 28	City & State	Park FL	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip Couding	У	34-645	Country	8. This corporation has liability for in Florida Statutes		under s.	
9. Name and Addre	29 ass of Current Regis	Stered Agent	30	10. Name and Address of New Reg			
MIERZ, THOMAS E.			81 Name			<u> </u>	
6754 68TH ST. NO. PINELLAS PARK FL 3466	ne.		62 Street Add	dress (P.O. Box Number is Not Acceptable	e)		
PINCULAS PANK PL 9400	15		83				
			84 City		, mg	35 Zip (Code
					<u>FL </u>		o regintered
	tions 607.0502 and € h, in the State of Flori cept the obligations c	607.1508, Florida Sta ida. Such change w of, Section 607.0505	atutes, the above-named cor as authorized by the corpora , Florida Statutes.	rporation submits this statement for the pration's board of directors. I hereby accept	urpose of ch t the appoin	anging is tment a s	registered
Signature Signature typest or protect have		o if applicable (NOTE: Registered Agent signature requ		DATE ERS AND D	RECTOR	S IN 12
Signature Signature types or protest nave C	e of registered agent and little PEFICERS AND DIRE	e if applicable (NOTE: Registered Agent signature requirements. 13. 1.1 TITLE	uired when reinstating)	DATE ERS AND D		S IN 12
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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 threading or on an attribution with an address.

SIGNATURE AND TYPEO OF PRINTED AME OF SIGNING OFFICER OF DIRECTOR

0377463