Suite, Apt. #, etc.     Suite, Apt. #, etc.       22     27       City & State     City & State       23     28       Zip     Country       Zip     Country         Suite, Apt. #, etc.         5. Certificate of Status Desired       Fee Required       Fee Required         Fee Required         Added to Fees         Zip         Country         B. This corporation has liability for intangible tax under s. 199.032.		PROFIT RPORATION UAL REPORT <b>1997</b>		FLORIDA DEPAR Sandra B. Secretary DIVISION OF C	TMENT OF STATE Mortham y of State	Apr 09 1 Secreta		
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Op/26/1991         Out/18/1996           2         Attemp Address         4.11 Manage Address         5.11 Manage Address         5.11 Manage Address         4.11 Manage Address         5.11 Mana	15820 KNOLLVI	IEW DRIVE	15820	KNOLLVIEW DRIVE				
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Zep         Country         Zp         Country         B. This constrain his lability for interceptile tax undry is 199.032.           Zel         28         30         Forda Statutor         B. This constraint as the lability for interceptile tax undry is 199.032.           BATES, DEAN E.         10. Name and Address of Current Registered Agent         10. Name and Address of New Registered Agent           11. Furstant to the provision of Sections (07.0502 and 97 1508. Florida Statutes)         81         Name           84         City         FL         82         20           11. Furstant to the provision of Sections (07.0502 and 97 1508. Florida Statutes)         Battes, Dean E.         10. Name and Address (P.O. Box Number is Not Acceptable)           84         City         FL         82         20         Code           11. Furstant to the provision of Sections (07.0502 and 97 1508. Florida Statutes)         Battes, Dean E.         10. Name and Address To OFFICERS N 12         20         Code           12. Of FICERS ND DIFECTORS         13         ADOTIONSICHANGES TO OFFICERS AND DIFECTORS IN 12         20         Code         Code         20         Code         Code         20         Code         Code         Code         20         Code         Code         Code         Code         Code         Code         Code         Code         Code <td>City &amp; Stat</td> <td>ite</td> <td>Cil</td> <td>ly &amp; State</td> <td></td> <td></td> <td>\$5.</td> <td>.00 May Be</td>	City & Stat	ite	Cil	ly & State			\$5.	.00 May Be
	Zip	Country		· •	·	8. This corporation has liability for in	tangible tax unc	
DVICS, DOWLE:       15820 KNOLLVIEW DRVE         TAMPA FL 33824       2         Street Address (P.O. Box Number is Not Acceptable)         4       City         FL       20         5       5         4       City         6       5         6       5         6       5         6       6         6       5         6       5         6       5         6       5         6       5         6       5         6       5         6       5         7       5         7       5         7       5         7       5         7       5         7       5         7       5         7       5         7       5         7       5         7       5         7       5         7       5         7       5         7       5         7       5         7       5         7       5	24				30			
TAMPA FL 33824       International of the state of Constrained of the statement for the statement of t					81 Name			
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International construction of the provisions of Sections 607 05:02 and 607 15:08, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am fumiliar with, and accept the collisions of such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fumiliar with, and accept the collisions of such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fumiliar with, and accept the collisions of such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fumiliar with, and accept the collisions of such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fumiliar with, and accept the collisions of such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fumiliar with, and accept the collisions of such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fully and the such change was authorized by the corporation's board of directors. I hereby accept the directors is the appointment as registered agent. I am fully appoint weather such and the appointment as registered agent. I am fully appoint the appointment as registered agent. I am fully appoint the appointment as registered agent. I applies a such change agent and the appoint agent and the appointment appointm					83			
office or registriced agent, or bath, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of Science 87.500.000 States.         SIGNATUFIE       Image:					84 City		FL 85	Zip Code
12.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         1111       BATES, DEAN E.       1111/LE       Change       Addition         NAME       ISS20 KNOLLVIEW DR.       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       0         Chr. Str. 2P       TAMPA FL       12 NAME       13.       Addition         Nove       BATES, KATHRYN M.       13.       Change       Addition         Nove       BATES, KATHRYN M.       21.       Change       Addition         Nove       BATES, KATHRYN M.       22.       23.       Chr. 51. 2P       Change       Addition         Nove       BATES, KATHRYN M.       23.       23.       Chr. 51. 2P       Change       Addition         Nove       Stafe1 Address       15820 KNOLLVIEW DR.       23.       23.       Chr. 51. 2P       Change       Addition         NAME       DELETE       31.       THE       Change       Addition         NAME       DELETE       31.       THE       Change       Addition         NAME       DELETE       31.       Change       Addition         NAME       DELETE       31.       Change       Addition         NAME <th>office or i agent. La</th> <th>registered agent, or both, in t am familiar with, and accept th</th> <th>he State of Florida he obligations of, Se</th> <th>Such change was a sclion 607.0505, Flo</th> <th>uthorized by the corpora rida Statutes.</th> <th>ition's board of directors. I hereby accep</th> <th>t the appointmer</th> <th>ing its registered</th>	office or i agent. La	registered agent, or both, in t am familiar with, and accept th	he State of Florida he obligations of, Se	Such change was a sclion 607.0505, Flo	uthorized by the corpora rida Statutes.	ition's board of directors. I hereby accep	t the appointmer	ing its registered
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64 CITY-ST-2IP 14. I do hereby certily that the information supplied with this filing 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 gath; that	NAME STREET ADDRESS City - ST- ZIP TITLE NAME STREET ADDRESS City - ST- ZIP TITLE NAME STREET ADDRESS City - ST- ZIP	15820 KNOLLVIEW DR. TAMPA FL		DELFTE	2 3 STREET ADDRESS 2 4 CITY - ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4. CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP		Cha	nge Addition nge Addition nge Addition
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I am an officer or director of the corporation or the roceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 13 changed, or own attacement with an address.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	15820 KNOLLVIEW DR. TAMPA FL		DELFTE	2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Cha	nge Addition nge Addition nge Addition
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