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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # \$55150

(4)

	Mailing Address
Principal Place of Business	· ·
3637 4TH STREET NORTH	3637 4TH STREET NORTH
Suite 480 St. Petersburg fl 33704	SUITE 480 St. Petersburg Fl 33704

FILED Sep 23 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address								
3637 4TH STREET NORTH 3637 4TH STREET NORTH			H					
SUITE 480	URG FL 33704	SUITE 480 ST. PETERSBURG FL 337				DO NOT WRITE IN THIS SPACE		
OI. FEIENOD	0n3 FL 33704	Or, FETERODUNG FL 45/	04			3. Date Incorporated or Qualified	3a. Date of Last Report	_
						05/23/1991	06/20/1996	
2. Principal I	Place of Business	2a. Mailing Address	*			4. FEI Number	Applied For	\dashv
	NE CROLE	26 SAME AS	æ			52-1755909	Not Applicab	ile
Suite, Apt		Suite, Apt. #, etc.					- \$2.75 Additional	_
22		27				5. Certificate of Status Desired	Fee Required	
City & State City & State						6. Election Campaign Financing	\$5.00 May Be	
23 COLOL	NDO SPRNOS, CO	28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	ry		8. This corporation owes or has pa	id the current year Intangible	\neg
24 8090	6-100/ 25	29	30			Personal Properly Tax due June	30. Yes No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered Agent	
F0	STER, DANIEL E.		8	1 Nam	ie.			
	37 4TH STREET NORTH, STE 101		8	2 Street	el Addres	ss (P.O. Box Number is Not Acceptate	nie)	\dashv
	PETERSBURG FL 33704			- 5		o (r.o. box riambor is riot recopial	,,,,	-
			8	3				
				03.			Ter 7:0 Code	
			B	4 City			FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	es, the abo	ve-name	ed corpo	ration submits this statement for the p	purpose of changing its registere	ed
office or	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was tions of Section 607 0505. Fl	authorized orida Statut	by the co	orporatio	n's board of directors. I hereby accep	ot the appointment as registered	ⁱ
"	arriver with and accept the obligate	10110 01 0001011 007.00001	ondo otato.	00.				
SIGNATURE	Signature, typed or printed name of registered agent	t and trile if applicable (NO)	I : Registered A	gent signat	ure required	when reinstating)	DATE	-
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE.	1.1 TITLE				Change Addition	on 3
NAME	WARWICK, CARL		1.2 NAM	E				2
STREET ADDRESS	14102 BONNEY BRIAR DRIVE		1.3 STRE	ET ADDRES	s 131	31 CHAPPION DRIVE, S	TE. 103	ì
CITY-ST-ZIP	HOUSTON TX		1.4 CHY	ST-ZIP		570V, 7× 17069		8
TITLE	D	DELETE	2.1 TITLE		1	CTOP	Change Additi	on C
NAME	QUILICI, FRANK		22 NAM	Ī	514	HAVNON		
STREET ADDRESS	9336 NESBITT ROAD		2 3 S1RE	et addres	S 1850	K STINN, STE 900		
CITY-ST-ZIP	BLOOMINGTON FL	/	2 4 CITY	- ST - 71P		ALMGTON, DC 20006_		.]
TITLE	D	DELETE	3.1 TITLE		DIFE	ctol	Change Aciditio	on
NAME	AVERILL, EARL		3.2 NAM		706	4cGRAW_		
STREET ADDRESS	1806 19TH DRIVE, N.E.		3.3 STRE	ET ADDRES	s 1518	GLACE LAKE CILCLE		1
CITY-ST-ZIP	AUBURN WA		3.4. CITY	- ST- 2IP	400	WOOD, FL 32450		
TITLE	AS	DELETE	4.1 TITLE		Dire	ctor, Chairman	☐ Change ☐ Acdition	on
NAME	MOORE, SAMUEL M		4. 2 NAM	ΙĒ	Zer	ry Moses		
STREET ADDRESS	5027 BACKLICK ROAD		4.3 S1RE	ET ADDRES	مائی 🛚	Highwood Lane		Ì
CITY-ST-ZIP	ANNANDALE VA		4.4 CITY	-ST-ZIP	IP	swich, MA 01939		
TITLE		DELFTE	5.1 TITLE		Din	ctor, Vice Chairman	Change LAdditi	on
NAME			5.2 NAM	E	Der	iny Doyle		
STREET ADDRESS			5 3 STAE	et addres	s 296	14 Plantation Rd .		
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	Wil	nter Haven, FL 3389	2년	1
TITLE		DELETE	6.1 TITLE		Dire	ector secritizens.	☐ Change ☐ Additi	on
NAME]		6.2 NAM	£ .	7419	cutor secry itreas.	4	
STREET ADDRESS				£1 ADDRES	سر : تولو	imy Wynn]
CITY-ST-ZIP			6.4 CITY		Hou	ston, TX 77054_		

14. I do hereby certify 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 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 if changed, or on an attachment with an address.

J. ASCIMATED TO DECOURSED