FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

29

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S62960

Country

9. Name and Address of Current Registered Agent

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BANYAS, PATRICIA A. 4220 59TH STREET WEST

BRADENTON FL 34209

PEACOCK PRINTING, INC.

Zip

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Principal Place of Business Mailing Address			
		3. Date Incorporated or Qualified 06/26/1991	3a. Date of Last Report 02/01/1996
2. Principal Place of Business	2a. Mailing Address	4. FFI Number	Applied
21	26	65-0271243	Not App
Suite, Apt. #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Addition
City & State	City & State	6. Election Campaign Financing	\$5.00 May

84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

Country

81 Name

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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Stonature, typed or printed name of registered sorem and talle if applicable (Ni	OTE Registered Agent signature	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELETE.	111000	Change Addition		
NAME	BANYAS, PATRICIA A.	1.2 NAME			
STREET ADDRESS	4220 59TH STREET WEST	1.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL	1.4 C(1Y - ST - Z())			
TITLE	Delete	2.1 T(TLF	Change Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CHY-\$1-ZIP			
TITLE	DELLIE	3.1 TITLE	Change Addition		
NAME		3 2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CHY-S1-ZIP			
TITLE	DELETE	4.1 TITLE	Change Addition		
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP			
TITLE	DELFTE	5.1 101LF	Change Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CH1Y - S1 - ZIP			
TITLE	☐ DELETE	G.1 TITLE	Change Addition		
NAME		6 2 NAME			
STREET ADDRESS		63 STREET ADDRESS			

City-st-zip

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 addre-

FILED

Mar 19 1997 8:00am

Secretary of State

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Yes No

Applied For Not Applicable \$8.75 Additional Fee Required

\$5.00 May Be

Added to Fees