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

**PROFIT CORPORATION ANNUAL REPORT** 1997

NAME

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ACTION  Principal Plac	e of Business	Mailing Address			**************************************				
6 Brightwaters Circle. Ne St. Petersburg fl 33704 Us		P.O. BOX 12689, N/A ST. PETERSBURG FL 33733-2689 US				12 5			
						<ol> <li>Date Incorporated or Qualified</li> <li>08/16/1991</li> </ol>		e of Last F <b>1/1996</b>	report
<del>-</del>	lace of Business	2a. Mailing Address			4. FEI Number Applied For 59-3080995 Not Applicable				
Suite, Apt.	# elc	Suite, Apt. #, etc.			- \$9.75 Additional				
22	", 010.	27			5. Certificate of Status Desired			equired	
City & Stat	θ	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28	and the second s			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	<b>⊢</b> ¬	intry	ı	8. This corporation has liability for i	ntangible ] Yes	ax under s	199.032,
24	25 9, Name and Address of Curre	29  nt Registered Agent	30]	T		Florida Statutes  10. Name and Address of New Re			
НАН	n, stephen			81	Name		<b>B</b> 101010417		
6 BRIGHTWATERS CIRCLE, N.E				82	Ctroot Add	Irona (D.O. Roy Number in Not Accepted	lo\		
ST. PETERSBURG FL 33704					Stieet Add	ddress (P.O. Box Number is Not Acceptable)			
				83					
				84	City			<b>85</b> Zip	Code
44 Discussions	to the provisions of Postions CO7 DL	20 and CO2 1500 Florido Ptate	too the e	<u> </u>		noration as boilt this statement for the p	FL	hannina i	to registered
office or r	registered agent, or both, in the State	of Florida. Such change was	authorize	d by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appo	ointment as	registered
•	m familiar with, and accept the oblig	ations of, Section 607.0505, F	iorida Sta	tutes	S.				
SIGNATURE	Signature, typed or printed name of registered ag	ent and tifle if appropriable (NC	TE flegistere	d Apo	nt signature requ	ired when reinstating)	DATE		
12.		D DIRECTORS	<b>13.</b>			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	P	☐ DELETE						Change	Addition
NAME	HAHN, NAJWA K 6 BRIGHWATERS CIRCLE, NE		1.2 N						
STREET ADDRESS	ST. PETERSBURG FL				ADDRESS				
CHTY-ST-ZIP TITLE	V DELETE		211		5T-ZIP			Change	Addition
NAME	HAHN, STEPHEN			2 P NAME					
STREET ADDRESS	6 BRIGWATERS CIRCLE, NE		2 B S	2 B STREEL ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL		2,41	2 4 CHY-S1-ZIP					
TITLE	D DELETE		3 h T	31 TITLE				Change	☐ Addition
NAME	WEISS, JIM		3 P N	AME					
STREET ADDRESS	810 MAIN STREET		3 B S	TREET	ADDRESS				
CITY-ST-ZIP	CINCINATI OH	T neietr			ST-ZIP			Channe	Addition
TITLE	THOMPSON, JERRY	☐ DELFTE	451		1			L Change	L Addition
NAME STREET ADDRESS	A BOIGIBLE TERM AIRAI E NE			4 2 NAME 4 B STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL				ST-ZIP				
TITLE		DELETE	511				<del></del>	Change	Addition
NAME			52 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			5 A C	IIY-S	ST-ZIP				
TITLE	l .	☐ D£LETE	6.11	ITLE	1			Change	Addition

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.

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