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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	AL REPORT Secretary DIVISION OF CO		-	ONS	Secretary of State			
i, Corporano	MENT # S7 NAME AUTHORITY,		(5)					
Principal Plac	e of Business	Mailing A	Address				digil qidii gidii bigil tigil tigil t	J#\$# (60)
P.O. BOX 447 OLDDMAR FL 34677			P.O. BOX 447 OLDDMAR FL 34677-0008					
						3. Date Incorporated or Qualified 09/06/1991	3a. Date of Last Re 05/01/1996	
	lace of Business	<u>⊦—</u> ,	ng Address			4, FEI Number		oplied For
Suite, Apt.	#. etc.	26 Suite	Apt. #, etc.			NOT APPLICABLE	E0 75	Additional
22		27				5. Certificate of Status Desired	Fee Re	I
City & Stat	е	City 8	& State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
7 _{(P}	Country 25	29	rty diagony — destroyy , — det	Country 30		1]Yes ⊠No	. 199.032,
		s of Current Registered	Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	itings, thomas f. Ji Mary drive	R.						
	SMAR FL 34877			82	Street A	ddress (P.O. Box Number is Not Acceptate	de)	}
VLD				83				
				84	City		85 Zip (Code
					,		FL T	ļ
11. Pursuant office or r	to the provisions of Secti registered agent, or both,	ons 607,0502 and 607,150 in the State of Florida Su	18, Florida Statut ch change was a	es, the above authorized by	e-named c the corpo	corporation submits this statement for the poration's board of directors. I hereby acceptant	urpose of changing its of the appointment as	s registered registered
	am familiar with, and acce	pt the obligations of, Sect	ion 607.0505, Fk	orida Statutes	S.			
SIGNATURE.	Signature, typico or printed name	of registered agent and title if applica	able. (NOT	E. Registered Age	ont signature r	aquired when reinstating)	DATE	
12.	T	FICERS AND DIRECTORS		13,		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	O FRANK	☐ DELETE	1.1 TITLE	j		Change	Addition
NAME	HASTINGS, THOMA: 201 MARY DR.	5 Frank		1.2 NAME				
STREET ADORESS	OLDSMAR FL			1.3 STREET	- 1			}
CHY-ST-ZIF	VD VD		DELETE	1.4 CiTY - S 2.1 TITLE	I - ZIP		Change	Addition
NAME	BLOOM, RON		Lan	2.2 NAME	1			
STREET ADDRESS	580 CAMINO DE LA	REINA		2.3 STREET	ADDRESS			
CITY - ST - 7IF	SAN DIEGO CA			2. 4 CITY-				<u> </u>
THILE	VD		DELETE	3.1 TITLE		VO T. B. NO	☆ Change	Addition
NAME	HASTINGS, PAUL R			3.2 NAME	 1	Hasing , land 19,		
STHEET ADDRESS	3270 ALDEN POND	LANE		3.3 STREET	ADDRESS	Hasting , Paul R. 1328 - andes Vinter Springs , H.	22708	
CITY-ST-7:P TITLE	EAGAN MN STD		DELETE	3.4. CITY - 1 4.1 TITLE	SI - ZIP	vinin springe /21.	☐ Change	Addition
NAMÉ	HASTINGS, KATHER	NNE M.	octur	4.1 TITLE 4. 2 NAME	1			
STREET ADDRESS	201 MARY DR.	707		4.3 STREET	ľ			l
CITY-ST-ZIP	OLDSMAR FL			4.4 CITY - 5				
THLE			DELETE	5.1 TITLE			Change	Addition
NAME	}			5.2 NAME	}			Į
STREET ADDRESS				5.3 STREET				•
CITY-ST-ZIP]		DELETE	5.4 CITY - S	T-ZIP		Change	Addition
NAME			ביין טננגונ	6.1 TITLE 6.2 NAME			L Grange	~00III0H
STREET ADDRESS				6.3 STREET	ADDRESS			{
City St 700				SACITY-C			•	1

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 arrival 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 direction of this conduction or the federal empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block 3 if phanged, or on an attachment with an adoption.

SIGNATURE:

4/28/97

813-787-1890

FILED

May 05 1997 8:00am

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