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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$80113

(1)

FILED Feb 04 1997 8:00am Secretary of State

TICOND	EROGA ENTERPRISES, IN	Mailing Address								
1570 N. WASHINGTON BLVD 1570 N. WASHINGTON BLVD SARASOTA FL 34236 SARASOTA FL 34236-2723										
						3. Date Incorporated or Qualifie 09/13/1991	d 3a. Da	ate of Last Re 15/1996	eport	
Principal Place of Business 2e, Mailing Address					4. FEI Number	1 001		plied For		
21						58-2000313		No	t Applicable	
Suite, Apt		Suite, Apt. #, etc 27	7			5. Certificate of Status Desired		\$8.75 A		
·	City & State City &					6. Election Campaign Financing		\$5.00		
Zip	Country	28 Zip		Country		Trust Fund Contribution		Added t		
24	25	29	30	, '		This corporation has liability to Florida Statutes	or intangible		. 199.032,	
	9, Name and Address of Curre					10. Name and Address of New				
RIDO	RIDGWAY, DAVID									
4856 WOOD POINTE WAY				82	Street Ad	eet Address (P.O. Box Number is Not Acceptable)				
SAR	SARASOTA FL 34238									
				83						
				84	City		FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607 05	02 and 607 1508. Florida 5	Statutes	the above	e-named co	progration submits this statement for th	e purpose o	f changing it	s registered	
SIGNATURE	Signature, typed or pointed name of registered a	gont and the if applicable		gistered Age		orporation submits this statement for the ation's board of directors. I hereby actions when reinstating)	DATE		····	
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND			
TITLE	DIDOWAY DODERT	DELET	t .	1.1 TITLE	- 1			Change	☐ Addition	
NAME	Ridgway, Robert 1570 N. Washington Blvd			1.2 NAME						
STREET ADDRESS	SARASOTA FL 34236			13 STREET	· I					
CITY-S1-ZIP TITLE	S	DELET	i F	1.4 DITY - S 2.1 TITLE	ST-ZIP			Change	Addition	
NAME	RIDGWAY, DAVID		-	2.2 NAME						
STREET ADDRESS	4856 WOOD POINTE WAY			2.3 STREET	ADOBESS					
CATY-S1-ZIP	SARASOTA FL 34233			2. 4 CITY-	1				÷	
TIFLE		☐ DELET	TE :	3.1 THTLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET	T ADDRESS					
CITY - S1 - ZIP				3.4. C(TY-	ST-ZIP					
TITLE		☐ DELET	ſŧ.	4.1 TITLE	Ţ			Change	Addition	
NAME				4. 2 NAME						
STREE! ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP	<u> </u>	1 60.53	·	4.4 CITY - 5	ST - ZHP			1 (5	A data:	
TITLE		☐ DELET	C	5.1 TITLE				L Change	Addition	
NAME				52 NAME						
STREET ADDRESS				53 STREET						
CITY-ST-7iP TITLE		☐ DELET	 IF	5.4 CITY-S	SI - ZIP			Change	Addition	
NAME		رے مریدا	``	6.2 NAME				Olivingo Line	- House	
ì				i i	T ADDOCCO					
STREET ADDRESS	1			D.J STHEE	1 AODRESS					

14. To 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 correction of 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 or anged, or man altachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE