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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S86627

(4)

Mailing Address

W.H. BIEBERBACH AND ASSOCIATES, INC.

14793 FEATH CLEARWATE	ier cove road R FL 34622	14793 FEATHER COVE ROAD CLEARWATER FL 34622-3018						
					1 1 1		ate of Last Report /08/1996	
2. Principal	2a. Mailing Address			4. FEI Number		Ar	oplied For	
21		26			33-0062992	Not Applicable		ot Applicable
Suite, Apt. # etc.		Suite, Apt #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Sta	ate	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Coun'	ry	8. This corporation has liability for Florida Statutes		x under s	. 199.032,
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BIEBERBACH, W.H. 14793 FEATHER COVE ROAD CLEARWATER FL 34622				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				
			ε	14 City		FL	85 Zip (Code
l office or	r registered agent, or both, in the St am familiar with, and accept the ob-	ate of Florida. Such change was a	authorized	by the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	urpose of cot the appoi	hanging it niment as	is registered registered
SIGNATURE	Signature, typeof or printed name of registerion	agent and title if applicable (NOTE	E: Registered /	Agent signature requ	ired when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND I	DIRECTOR	IS IN 12
TITLE	D	☐ DELETE	1.1 TITL	E [Change	Addition
NAME	BIEBERBACH, W.H.		1.2 NAM	E j				
STREET ADDRESS			1.3 STR	ET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY	- ST - ZIP				
TitLE	-{	DELETE	2.1 TITL	E		Ĺ	Change	Addition
NAME			2 2 NAN	E				
STREET ADDRESS	s]		23 STR	ET ADDRESS				
CHY-ST-ZIP				7-ST-ZIP				
TITLE	1	☐ DELETE	3.1 TITL	E İ			Change	Addition

64 City-St-ZiP

14. If 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 comporation 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 12 or Block 13 of grant 20, or operation of the composition of

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.4. CITY-ST-2IP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4 4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY - ST - ZIP

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ba 4 1997 913 512-812

Change

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FILED

Jan 16 1997 8:00am

Secretary of State