`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 # \$95811

(3)

PYRAMID PROPERTIES AND INVESTMENTS, INC.						
Principal Place		Mailing Address				# # # # # # # # # #
1209 W ADALEI TAMPA FL 3360		1209 W ADALEE TAMPA FL 33603-5305				
						Date of Last Report 8/05/1996
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number	Applied For
21		26			NOT APPLICABLE	Not Applicable
Suite, Apt. #. etc.		Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	0	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
	Country Zip		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
4	9. Name and Address of Currer		30	·····	10. Name and Address of New Register	
MAR	itinez, neri L		81	Name		
3106 N ROME AVE			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
TAM	PA FL 33607		83		, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
			03			
			84	City		85 Zip Code
SIGNATURE	Signature, type for profied name of register of ag		Registered Ag	ent signalure requi	red when reinstaling) DAT ADDITIONS/CHANGES TO OFFICERS (·
TITLE	DEFICERS AN	D DIRECTORS DELETE	1.1 701LE		ADDITIONS/CHANGES TO OFFICERS /	Change Addition
NAME	CICCONE, JERRY A		1.2 NAME	Ì		
STREET ADDRESS	1209 W ADALEE		1.3 STREE	T ADDRESS		
CITY+S1+ZIP	TAMPA FL		14 CITY-	ST-ZIP		
TITLE	s Martinez, Neri L	☐ DELETE	2 1 TIPLE			Change Addition
NAME STREET ADDRESS	3106 N ROME AVE		2.2 NAME 2.3 STREE	T ADDRESS		
CITY - ST - ZIP	TAMPA FL		2 4 GITY-	· · · · · · · · · · · · · · · · · · ·		
TITLE	VT	☐ DELETE	3 1 TITLE		-	Change Addition
NAME	LABRUZZO, JOE M		3.2 NAME			
STREET ADDRESS	824 E FLETCHER AVE TAMPA FL			T ADDRESS		
CITY - ST - ZIP TITLE	INMINIL	DELETE	3.4. City - 4.1 Title	SI-ZIP		Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-7IP			4.4 CITY-	ST - ZIP		
TITLE		L_ DELETE	5.1 TITLE			Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREE	T ADDRESS		
CITY - ST - 7IP			5.4 CITY -			
TITLE		☐ DELETE	6.1 TITLE	-		Change Addition
NAME	<u>;</u>		6.2 NAME	1		
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP	by cert by that the information supplied	ed with this filing does not qualit	6.4 City - y for the ex		ed in Section 119.07(3)(i), Florida Statutes. I fu	rther certify that the
informatio	on indicated on this annual report or	supplemental annual report is to the receiver or trustee empow	rue and acc	urate and tha	at my signature shall have the same legal effector as required by Chapter 607, Florida Statute	ot as if made under oath; that

SIGNATURE:

FILED

Jan 17 1997 8:00am

Secretary of State