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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V01467

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FILED Mar 14 1997 8:00am Secretary of State

| Principal Place | | Mailing Address | | | |
|---|--|---|---|--|--|
| 5263 CENTRAL ST. PETERSBUR | | 5263 CENTRAL AVENUE ST. PETERSBURG FL 33710- | 8141 | | |
| US | | U\$ | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| | · | | | 12/20/1991 | 02/06/1996 |
| <i></i> | lace of Business | 2a. Mailing Address 26 5536 Centra | OLIMONA E | 4. FEI Number | Applied For |
| 21 うりろり Suite, Apt. | Central Avenue | Soite, Apt. #, etc. | T Averne | 59-3101886 | Not Applicable |
| 22 | #, 0 10. | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | е | City & State | · | 6. Election Campaign Financing | |
| 23 St. F | Petersburg, FL | 28 St. Petersb | urg, FL | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for | or intangible tax under s. 199.032, |
| 24 33707- | 1717 25 USA | <u> 29 33707-1717 </u> | USA | Florida Statutes | X Yes No |
| | 9. Name and Address of Curren | t Registered Agent | 81 Name | 10. Name and Address of New I | Registered Agent |
| | RINGTON, BRIAN C. | | 81 Name | | |
| | CENTRAL AVENUE PETERSBURG FL | | 82 Street A | ddress (P.O. Box Number is Not Accept | lable) |
| 31. F | FIENSBUNG FL | | 83 | | |
| | | | | | |
| | | | B4 City | | FL 85 Zip Code |
| 11. Pursuant to office or reagent. Fac | to the provisions of Sections 607,0502 registered agent, or both, in the State im familiar with, and accept the obliga | P and 607.1508 Florida Statute of Florida. Such change was au itions of, Section 607.0505, Flor | s, the above-named outhorized by the corp- ida Statutes. | corporation submits this statement for the oration's board of directors. I hereby acc | e purpose of changing its registered cept the appointment as registered |
| SIGNATURE | | | | | rch 11, 1997 |
| 12. | Signature, typed or printed name of registricid age: | | Registered Agent signature r | required when reinstating) | DATe |
| | | LDIRECTORS | 13. | ADDITIONS/CHANGES TO DE | FICERS AND DIRECTORS IN 12 |
| TITLE | D OF THE WAR | DELETE DELETE | 13. 1.1 TITLE | | FICERS AND DIRECTORS IN 12 X KChange |
| | | | 1.1 101.6 | D | |
| TITLE | D HARRINGTON, BRIAN C. 5283 CENTRAL AVE. | | 1.1 101.6 | D Harrington, Brian C | X X Change ☐ Addition |
| TITLE NAME | D Harrington, Brian C. | | 1.1 TITLE 1.2 NAME | D Harrington, Brian C | K K Change Addition |
| TITLE NAME STREET ADDRESS | D HARRINGTON, BRIAN C. 5283 CENTRAL AVE. | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | D | X X Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRINGTON, BRIAN C. 5283 CENTRAL AVE. | DETETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP | D Harrington, Brian C | kkChange □ Addilion nue 33707-1717 |
| TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS | D HARRINGTON, BRIAN C. 5283 CENTRAL AVE. | DETETE | 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZiP 2.1 TIREF | D Harrington, Brian C | kkChange □ Addilion nue 33707-1717 |
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3/11/97 (813) 381-0070