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			1 ~	19 1997 8:00am retary of State			
1. Corporatio	MENT # V0636 D IV OF TAMPA, INC.	S2	(0)			I IDEK GUAN ADNA BUGI		ILOH BIBIL BIBIK BIBIK BIBIK	61 8 (1) 1301	
Principal Place of Business 3609 CAUSEWAY CRESCENT TAMPA FL 33619 US		3609 CAL	Mailing Address 3609 CAUSEWAY CRESCENT TAMPA FL 33619-6007 US			Date Incorporated or Qualified 3a. Date of Last Report				ן
Sulte, Apt.		26 Suite 27	ng Address			01/13/1992 4. FEI Number 59-3113215 5. Certificate of Status		\$8.75 Fee Re	oplied For ot Applicable Additional equired	
City & Stat 23 Zip 24	Country 25 9. Name and Address of Cu	28 Zip	& State Agent	30	ountry	Election Campaign Trust Fund Contribu This corporation has Florida Statutes Name and Address	tion s hability for in s of New Reg	Added Intangible tax under s Yes No Sistered Agent		
7101 TAM	IARDS, HELEN C. 49TH AVENUE SOUTH PA FL 33619	0602 and 607 16	09 Elocido Statu	loo tho	84 City 77	CHARDS, ROLLIES (P.O. BOX Number is N COL 491H A		FL 85 3 5	Code 9	- 1 1
office or r agent. 1 a SIGNATURE	to the provisions of Sections 607 egistered agent, or both, in the 5 m (appeller with, and accept the or section). Signature, typed or profiled name of register.	obligations of Sec	tion 607,0505, Fl	lorida S	governance corporal zed by the corporal tatutes.		ereby accep	t the appointment as	registered	
12: TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDS, ROBERT S. 7101 49TH AVENUE SO. TAMPA FL	S AND DIRECTOR	S DELETE	11: 1: 1: 1:		ADDITIONSCHANGI AMARIA WARTON	S TO OFFIC	ERS AND DIRECTOF Change	RS IN 12	R2E034 (9/96)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STD RICHARDS, HELEN C. 7101 49TH AVENUE SO. TAMPA FL		☐ DELETE	2:		vierce T Lihal	e de la companya de l	☐ Change	Addition Addition	0
NAME STREET ADDRESS CITY-ST-ZIP TITLE	JAMES S. Riche 1101 49th Aug S Tampa, Fla.	ends 50 336/9	DELETE	3.3	2 NAME 3 STREET ADDRESS 1. CITY-S1-7IP		: i	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	4. 4.:	2 NAME 3 STREFT ADDRESS 4 DITY-ST-ZIP			☐ Change	Addition	-
NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	5.4 5.4 6.1	2 NAME 3 STREET ADORESS 1 CITY - ST - 21P		4-1-T-	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				6.3	2 NAME 3 STREET ADDRESS 4 CITY- ST-ZIP					

14. 1 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 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 convergion or the receiver or trestor employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chargood, or on an attachment with an address.

FILED