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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Feb 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V22605

(2)

PYFROM ENTERPRISES, INC. Principal Piace of Business Mailing Address 8306 W POCAHONTAS AVE 8306 W POCAHONTAS AVE **TAMPA FL 33615** TAMPA FL 33615-2821 3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1992 04/19/1996 2. Principa! Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3131129 Not Applicable Suite, Apt. #. ctc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & Stale 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm ID}$ Country 6. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PYFROM, STANLEY C. PYFROM GAIL C. 8306 W POCAHONTAS AVE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33615** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 4OTE: Registered Agent signature required when reinstating) nco agent at distle il applicate Sign du el type Thia JEFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)Change Addition DELETE THUE 11 TITLE PYFROM, STANLEY C. NAME 1.2 NAME 8306 W POCAHONTAS AVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DV DELETE Change Addition TOLE 2.1 TITLE PYFROM. GAIL C. NAME 2.2 NAME 8306 W POCAHONTAS AVE STREET ADDRESS 2 3 STREET ADDRESS TAMPA FL CITY-SI-ZIP 2 4 CITY- ST- ZIP DELETE Change Addition HILLE 3 1 TITLE HAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY \$1-ZiP DELETE Change ■ Addition 4.1 TITLE 10116 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP C01Y - \$1-21P DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET AUDRESS 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TOUR TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 frue 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 corporation 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 13 if changed, of on an attachment with an address.