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 # V24394

(1)

Principal Place of Business Mailing Address 5402 AIRPCAT BLVD. 1308 ROCKWOOD DR TAMPA FL 33634 BRANDON FL 33510-2234							
					3. Date Incorporated or Qualified 03/27/1992	3a. Date of Last Report 08/01/1996	
2. Principal Fi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3114840	Not Applicab	Эle
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Required			
City & State	C	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country	28	Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for in		
24	25	29 30	0	•		Yes No	
	9. Name and Address of Curren	Registered Agent		<u></u>	10. Name and Address of New Reg	platered Agent	
MCI	DONALD, DARRYL		81	Name			
	8 ROCKWOOD DR			Street Addre	eet Address (P.O. Box Number is Not Acceptable)		
BRA	ANDON FL 33510		83				
			84	ļ		ler Zin Code	
			04	City		FL 85 Zip Code	
SIGNATURE	Signature, typed or proted name of registered ager OFFICERS AND	nt and title diapplicable (NOTE: F	legislered Ap	S. ent signature require	on's board of directors. I hereby accept divinen reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12	
THILE	D NADOVALO DADOVA	DELETE	1.1 TITLE			Change Addition	on
NAMÉ	MCDONALD, DARRYL 1308 ROCKWOOD DR	•	1.2 NAME				
STREET ADDRESS CITY: ST: ZIP	BRANDON FL		1.3 STREE 1.4 CITY - 1	T ADDRESS			
TITLE	D	☐ DELETE	2.1 TITLE	5(-21)		☐ Change ☐ Additio	on
NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22 NAME				
STREET ADDRESS	1308 ROCKWOOD DR	•	2.3 STREE	T ADDRESS			
CITY-S1-7IP	BRANDON FL		2 4 C/TY-	ST-ZIP			
₹1 11.€		L] DELETE	31 TITLE			Change Addition	on
NAME OTOGET APPROVED			3.2 NAME	T ADDRESS			
STREET ADDRESS DITY-ST-ZIP			3.3 STREE				
TITLE		DELETE	4.1 TITLE	31-21	,	Change Addition	ion
NAME			4 2 NAME				
STREET ADDRESS			43 STREE	T ADDRESS	•		
CITY-ST-7.P			4.4 CiTY-	ST-ZIP			
TITLE		☐ DELETE	51 TITLE			Change Addition	on
NAME			5.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-S1-76*				ST-ZIP		Change Addition	on
NAME	1		61 TITLE 62 NAME			Em Avanda Em Moduli	2.1
STREET ADDRESS				T ADDRESS			
CITY-ST-7#			64 CITY-				
14 Ldo herel	by certify that the information supplied	with this filing does not qualify	for the eve	emption stated	in Section 119.07(3)(i), Florida Statutes	s. I further certify that the	
informatio Lam an o appears i	on malicated on this annual report or s fricer or director of the corporation or in Black 12 or division 3 for hunged, or	upplemental applial report is true the rack-ver or rousee empower on rouse about 10 to add a	and acc ed to exe	urate and that i cute this report	my signature shall have the same lega as required by Chapter 607, Florida S	enect as it made under bath; It latutes; and that my name	nat

FILED

Mar 11 1997 8:00am

Secretary of State