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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V26285

(9)

## **FILED** Apr 29 1997 8:00am Secretary of State

Principal Plac 3200 4TH STRE ST PETERSBUR	EET NORTH	Mailer <b>3200</b> 4	ng Address ITH STREET NORT TERSBURG FL 337							
							3. Date Incorporated or Qualified 04/03/1992		e of Last F <b>0/1996</b>	Report
2. Principal P 21	lace of Business	2a. M	ailing Address	***************************************		*,*	4. FEI Number 59-3131673	<u> </u>	F	oplied For
Suite, Apt	#, etc.		uite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional equired
City & State	0		ity & State				8. Election Campaign Financing			May Be
23	Combo	28 Z		- T - Co.			Trust Fund Contribution			to Fees
Z(p)	Country 25	29	P	30 Cou	iritir <b>y</b>		8. This corporation has liability for i		ax under s No	. 199 032,
<u></u>	9. Name and Address of Cur		ed Agent	1901		<del> </del>	10. Name and Address of New Re			· ,
FAR	KAS, FRANK S			_ <del></del>	81	Name		<del></del>	<del></del>	
3200 4TH STREET NORTH ST PETERSBURG FL 33704				82	Street Addre	ess (P.O. Box Number is Not Acceptab	ss (P.O. Box Number is Not Acceptable)			
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SIGNATURE	Signature, typed or product name of registered		pplicable. (N DRS	OTE: Registered	d Ageni		oration submits this statement for the p ion's board of directors. I hereby accep ed when ranstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	RS IN 12
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Information indicated on this annual report or supplies with an address. I turther certify that the information indicated on this annual report or supplemental annual report it 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 comparising 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 chapted, in one in attachment with an address.

**SIGNATURE:** 

PE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR