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 # V34285

(9)

LION PU	IBLISHING COMPANY			ř			
Principal Place of Business Mailing Address 1626 38TH AVE. NO. ST. PETERSBURG FL 33713 ST. PETERSBURG FL 337			3-1927		I IOON GAOOD FAN GAAR NEED FOOD DIN	RIBUS ONOMI ONOMI ORBAN BIONI N	
					3. Date Incorporated or Qualified 05/04/1992	3a. Date of Last R 07/02/1996	eport
	Hape of Business	2a. Mailing Address		·····	4. FEI Number	Ar	plied For
Suite, Apt.	# ofe	26 Suite, Apt. #, etc.	······································	,	59-3119808	60.75	t Applicable
22	. W Gitt.	27			5. Certificate of Status Desired	56.73 / Fee Re	
City & Sta	le	City & State			6. Election Campaign Financing	\$5.00	May Be
23	Country	28	Country		Trust Fund Contribution	Added Added	
Zip 24	Country 25	Ζιρ 29	30		This corporation has liability for Florida Statutes	intangible tax under s Yes □ No	. 199,032,
<u></u>	9. Name and Address of Curr	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1001		10. Name and Address of New Re		
JAN	SSEN, DUANE H.		81	Name	•		
	8 38TH AVE. NO.		82	Street Add	fress (P.O. Box Number is Not Acceptat	ole)	······································
ST.	PETERSBURG FL 33713		83			······································	······································
			84	City		FL 85 Zip	Code
SIGNATURE.	Signature, typed or printed name of registered OFFICERS A				poration submits this statement for the pation's board of directors. I hereby acception when reinstaling) ADDITIONS/CHANGES TO OFFI	DATÉ	
THILE	PST					Change	Addition Addition
NAME CAREEL ASSOCIATION	MACFARLANE, CRAIG 1626-38 AVE. NO.		1.2 NAME	4000000			
STREET ADORESS OFTY-S1-ZIP	ST. PETERSBURG FL		1.3 STREET 1.4 City-S				
THLE	D	DELETE 2.1		·	······································	Change	Addition
NAME			22 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CHY+ST-7IP TITLE			2.4 CITY-5 3.1 TITLE	ST-ZIP		Change	Addition
NAME		•	3.2 NAME				
STHEET ADDRESS			3.3 STREET	ADDRESS			
City-ST ZiP			3.4. CITY - 5	ST-ZIP			1
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME STREET ADORESS			4.2 NAME 4.3 STREET	ADDRESS			
CITY: ST-200			4.4 CITY - S				
THE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
DILE		DELETE	5.4 CITY-S 61 TITLE	IT-ZIP		Change	Addition
NAME		End DECET	62 NAME	ļ		Limit Orango	
STREET ADDRESS			6.3 STREET	ADDRESS			
5.7. 5. 5.6°	1		0.4.0104.0				

SIGNATURE:

14. I 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 or supplemental 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 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, or on an attachment with an address.

FILED

May 06 1997 8:00am

Secretary of State