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

	EET	Mailing Ac					
							Date of Last Report 04/05/1996
 1	lace of Business	2a. Mailing	Address		<u></u>	4. FEI Number 65-0345319	Applied For Not Applicable
Suite, Apt	#, elc	Suite	Suite, Apt. #, etc.			5. Certificate of Status Desired	CO 75 Additional
City & State	9	— —	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Ζιρ	Country		Country		,	8. This corporation has liability for intar	
24	25 25 Name and Address of Curr	29 ent Registered A	gent	30		10. Name and Address of New Registe	
DADA	EREWSKI, ALEXANDER G.		B	81	Name		
1834 MAIN STREET SARASOTA FL 34238			82	Street Add	Address (P.O. Box Number is Not Acceptable)		
			83				
			84	City	ity FL 85 Zip Code		
office or r agent. La SIGNATURE	to the provisions of Sections 607.0 egistered agent, or both, in the Sta in familiar with, and accept the obt Signature typed or preted name of registered.	te of Florida. Sucl igations of, Section	n change was a n 607.0505, Fi	authorized b orida Statute	y the corpora s.	poration submits this statement for the purpation's board of directors. I hereby accept the	ose of changing its registered e appointment as registered
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
THLE			DELETE	1.1 TITLE			Change Addition
NAME	SWISTAK, STANISLAVIA			1.2 NAME			
STREET ADDRESS	3910 S. ROOSEVELT BLVD.		i		T ADDRESS		
CITY: ST: ZiP	KEY WEST FL			1.4 CITY -	ST-ZIP		
TITLE			□ DELETE	2.1 TITLE			Change Addition
NAME				2.2 NAME			
STREET ADDRESS				2 3 STREET ADDRESS			
CITY ST ZIP	DELETE		DELETE	2 4 CITY-	ST - ZIP		Change Addition
TITLE			T DEFEIG	31 TITLE 32 NAME			Citaile Divinini
NAME					T ADDOLCC		
STREET ADDRESS				3.4. CITY -	T ADDRESS		
CITY - S1 - ZIP TITLE			4.1 TITLE	31-211		Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
City-St-ZiP				4.4 CITY-	ST-ZIP		
TITLE			5.1 TITLE			Change Addition	
NAME				5.2 NAME			
STREET AUDRESS				5.3 STREE	T ADORESS		
C/TY-ST-ZIP				5.4 CITY-	ST-ZIP		
TITLE			☐ DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS 6.3.S			. I	T ADDRESS			
City+S1 ZIP	1			6.4 CITY-	ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-483-4277 Daytime Phone # Feb. S. 1997

FILED

Feb 10 1997 8:00am

Secretary of State