## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 CLIMENT # V/AC

	AVE	Mailing Address 5203 CENTRAL AVE ST PETERSBURG FL 33710	)-814 <u>1</u>		
					a. Date of Last Report 03/29/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3137326	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation has liability for intan	
24	25	29	30		s No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  BANKS ODESSA   81 Name					
BANKS, ODESSA L.					
5203 CENTRAL AVE ST PETERSBURG FL 33710		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
317	EIENSBUNG FL 337 IV		83		
			<u> </u>		
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, 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					
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered agr		Hegistered Agent signature req		AND DIDECTORS IN 18
12.	D OFFICERS AN	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	BANKS, GEORGE E. MD	L Mille	1.2 NAME		C Shange C Faculton
STREET ADDRESS	5203 CENTRAL AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY - \$1 - 7IP		
TITLE	D	DECEME	2.1 III LF		Change Addition
NAME	BANKS, ODESSA L.		2.2 NAME		
STREET ADDRESS	5203 CENTRAL AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		2. 4 CHY- S1 - 7IE		
TITLE	D	☐ DELFTE	3.1 TITLE		Change Addition
NAME	LIGON, REGINALD		3.2 NAME		ļ
STREET ADDRESS	5201 CENTRAL AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	F10000	3.4 CHY-S1-7IP		Chance Tadde
TITLE	D MENDEE B	🗀 онен	4.1 TITLE		Change Addition
NAME	LIGON, MENDEE B. 5201 CENTRAL AVE		4 2 NAME		
STREET ADDRESS	ST PETERSBURG FL		4.3 STREET ADDRESS		
CFTY+ST+ZIP TITLE	VI (EIEIIVIVIIII (E	DECETE	4.4 CiTY - S1 - ZIP 5.1 TiTLE		☐ Change ☐ Addition
NAME		has the second	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DETEM	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	}		6.3 STRLET ADDRESS		
CITY. CT. 710	:		5.4 City, \$1, 7i0		

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 quital report or supplemental armuel report is true and accurate and that my signature shall have the same legal offect as if made under eath, 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 Blood 3 if changed, or on an attachment with an address. 813,377 7611