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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V50160

(3)

FILED
Apr 24 1997 8:00am
Secretary of State

Principal Place of Business  1100 CLEVELAND ST SUITE 800 CLEARWATER FL 34615 US		Mailing Address 1100 CLEVELAND ST SUITE 800 CLEARWATER F 34615-4805 US					
				3. Date Incorporated or Qualified 07/10/1992	3a. Date 04/29/		вроп
2. Principal F	Place of Business 94 LENNOX RD, E.	28. Mailing Address 26. P.O. BOX	452	4. FEI Number 59-3144658		F	plied For
Suite, Apt		Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired		\$8.75	t Applicable Additional
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	g. Name and Address of Curren	t Registered Agent	1041 11	10. Name and Address of New Re	gistered Age	ent	
	CENAK, THOMAS R., P.A.		81 Name				
	51 US HWY. 19 NORTH		82 Street Add	iress (P.O. Box Number is Not Acceptab	ole)	***************************************	
PAL	LM HARBOR FL 34684		83	· · · · · · · · · · · · · · · · · · ·	····	<del></del>	<del></del>
			84 City		FI	85 Zip (	Code
office or agent. La	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida Such change was a ations of, Section 607.0505, Flo	es, the above-named cor authorized by the corpora rida Statutes.	poration submits this statement for the pation's board of directors. I hereby acception	ourpose of ch pt the appoin	anging it itment as	s registered registered
SIGNATURE	Signature, typed or priviled name of registered age	int and lifte if applicable (NOTE	Registered Agent signature requ	uired when reinstating)	DATE		· · · · · · · · · · · · · · · · · · ·
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. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Turner 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 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 Block 13 if changed, or on an attachment with an addigss.

SIGNATURE:

SIGNATURE AND TYPED OR MANTED NAME OF SIGNING OFFICER OR DIRECTO

DWARDW.WITHUWERI 4/18787 810-91