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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V56906

(3)

STAFF ASSOCIATES, INC.

FILED Apr 29 1997 8:00am Secretary of State

|     | BOTTO BEION (B) | I <b>Baha b</b> ili <b>Bib</b> i | 1 <b>8 1 8 1 8 1 8 1 8 1 8 1 8 1</b> |   |
|-----|-----------------|----------------------------------|--------------------------------------|---|
|     |                 |                                  |                                      | <b>                                    </b> |
| - 1 |                 |                                  | BIBIK BKB/1 3101                     |   |

| Principal Place of Business  |                                  |  | ₽.                  | Malling Address           |  |   |                                       |  |   | • |                   |             |                |
|--|----------------------------------|--|---------------------|---------------------------|--|---|---------------------------------------|--|---|---|-------------------|-------------|----------------|
| TANGERINE BA<br>350 A QULF OF<br>LONGBOAT KE                                 | f Mexico dr                      | <b>.</b>   | 35                  | 50 A GULF                 | BAY CLUB #2<br>Of Mexico (<br>Key fl 34228 | DR.   |                                       |  |   |   |                   |             |                |
|  |                                  |  |                     |                           |  |   |                                       | 3. Date incorporated or Qualified 3a. Date of Last Report 05/01/1996 |   |   |                   |             |                |
| 2. Principal Place of Business   |                                  |  | 2a                  | 2a. Mailing Address       |  |   |                                       | 4. FEI Number  |   |   |                   | Applied For |                |
| 21   |                                  | 26   |                     |                           |  |   | 65-0353061 Not Applicable             |  |   |   |                   |             |                |
| Sulte, Apt. #, etc.  |                                  | <u> </u>   | Suite, Apt. #, etc. |                           |  | 5. Certificate of Status Desired 38.75 Additional |                                       |  |   |   |                   |             |                |
| 22]  |                                  | 27   |                     |                           |  |   |                                       |  |   | Required                                |                   |             |                |
| City & State   |                                  |  | City & State        |                           |  | 6. Election Campaign Financing \$5.00 May Be      |                                       |  |   |   |                   |             |                |
| Zip  |                                  |  | 28                  | Zin Country               |  |   | Trust Fund Contribution Added to Fees |  |   |   |                   |             |                |
|  | }                                | — <sub>1</sub> ,                                       | -                   | Zip<br>1                  |  | Country   |                                       |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |   |                   |             |                |
| 24   |                                  | 25 and Address of Curre                                | 29<br>nt Real       |                           | ent  | 30  | т—                                    |  | Florida Statutes  10. Name and Address of   |   |                   |             |                |
| QTAI   | FF, PAUL E                       |  |                     | Blorde Hg                 | · · · · · · · · · · · · · · · · · · ·      |   | 81                                    | Name   | 10, Nume and Address of   | 11017 110                               | Biotolog N        | Bour        |                |
|  |                                  |  |                     |                           |  |   |                                       |  |   |   |                   |             |                |
| TANGERINE BAY CLUB #228<br>350 A GULF OF MEXICO DR.<br>LONGBOAT KEY FL 34228 |                                  |  |                     |                           |  |   | 82                                    | Street A   | ddress (P.O. Box Number is Not  | ole)                                    |                   |             |                |
|  |                                  |  |                     |                           |  |   | 83                                    |  |   |   |                   |             |                |
|  |                                  |  |                     |                           |  |   |                                       |  |   |   |                   | 1==1===     |                |
|  |                                  |  |                     |                           |  |   | 84                                    | City   |   |   | FL                | 85   Zip    | Code           |
| 11. Pursuant   | to the provisi                   | ons of Sections 607.050                                | )2 and              | 607.1508,                 | Florida Statut                             | es, the a   | abovo                                 | named o  | corporation submits this statement  | for the p                               |                   | hanging     | its registered |
| office or r  | registered ag<br>ım familiar wil | ent, or both, in the State<br>th, and accept the oblig | of Flor<br>ations ( | rida. Such<br>of, Section | change was a<br>607.0505, Flo              | authorize<br>orida Sta                            | ed by<br>atutes                       | r the corpo<br>3.  | corporation submits this statement<br>oration's board of directors. There               | by accer                                | ot the appo       | intment a   | s registered   |
| SIGNATURE  |                                  |  |                     |                           |  |   |                                       |  |   | <del>-</del> -                          |                   |             |                |
| 12.  | Signature, typeo                 | or printed name of registered ag<br>OFFICERS AN        |                     |                           | (NUI                                       | 13.   |                                       | n: signature r   | equired when reinstating)  ADDITIONS/CHANGES 1  | O OFFIC                                 | DATE<br>FRS AND I | DIRECTO     | RS IN 12       |
| TITLE  | P                                | OTTIOLITA  | LO LOTTICE          |                           | DELETE                                     |   | <br>111LE                             |  | ADSTRUCTOR WALLS  | 0 01110                                 |                   | Change      |                |
| NAME   | STAFF, PA                        | AUL E  |                     | _                         |  |   | NAME                                  |  |   |   | _                 |             |                |
| STREET ADDRESS 350 A GULF OF MEX DRIVES                                      |                                  |  |                     | 1.3 STREET ADDRES         |  |   | ADDRESS                               |  |   |   |                   |             |                |
| CITY-ST-ZIP  | LONGBO/                          |  |                     |                           |  |   | CHIY-S                                |  |   |   |                   |             |                |
| TITLE  | ST                               |  |                     | [                         | DELFTE                                     | 2.13  |                                       |  |   | • • • •                                 | [                 | Change      | Addition       |
| NAME   | STAFF, VI                        |  |                     |                           |  | 2.21  | NAME                                  |  |   |   |                   |             |                |
| STREET ADDRESS   | ARA A DIME DE MEN DOME           |  |                     | 2.3 \$                    |  | 2.3 STREET ADDRESS                                |                                       |  |   |   |                   |             |                |
| CITY-ST-ZIP  | LONGBOA                          | NT KEY FL  |                     |                           |  | 2.4   | C(1Y-5                                | ST-ZIP   |   |   |                   |             |                |
| TITLE  | · ·                              |  |                     |                           | DELETE                                     | 311   | IIILE                                 |  |   |   |                   | Change      | Addition       |
| NAME   | ļ                                |  |                     |                           |  | 3.21  | NAME                                  |  |   |   |                   |             |                |
| STREET ADDRESS   |                                  |  |                     |                           |  | 3.3 5   | STREET                                | ADDRESS  |   |   |                   |             |                |
| CITY-ST-ZIP  |                                  |  |                     |                           |  |   | CITY-S                                | ST-ZIP   | · · · · · · · · · · · · · · · · · · ·   |   |                   | _           |                |
| TITLE  |                                  |  |                     | ť                         | DELFTE                                     |   | TITLE                                 |  |   |   | [                 | Change      | Addition       |
| NAME   |                                  |  |                     |                           | *  |   | NAME                                  |  |   |   |                   |             | į              |
| STREET ADORESS   |                                  |  |                     |                           |  | 4 3 5   | STREET                                | ADDRESS  |   |   |                   |             |                |
| CITY-ST-ZIP  | ļ <u> </u>                       |  |                     | <del>-</del>              |  |   | CITY - S                              | T- 71P   | ····  |   |                   | 1 0         |                |
| TITLE  |                                  |  |                     | L                         | DELETE                                     |   | INTLE                                 |  |   |   | L                 | Change      | Addition       |
| NAME   | 1                                |  |                     |                           |  |   | NAME                                  |  |   |   |                   |             |                |
| STREET ADDRESS   |                                  |  |                     |                           |  |   |                                       | ADDRESS  |   |   |                   |             |                |
| CITY-ST-ZIP  | ļ                                |  |                     | <del>_</del>              | DELETE                                     |   | CITY - S                              | 1- ZIP   |   |   | · · · · · · ·     | T Obsess    | # addition     |
| TITLE  |                                  |  |                     | Į.                        | DEFEIF                                     | B   | IIILE                                 |  |   |   | L                 | Change      | Addition       |
| NAME<br>OTREET ADDRESS   |                                  |  |                     |                           |  | B   | NAME                                  |  |   |   |                   |             |                |
| STREET ADDRESS   |                                  |  |                     |                           |  |   |                                       | ADDRESS  |   |   |                   |             |                |
| CITY-ST-ZIP  | l                                |  |                     |                           |  | 6.4 (   | CITY-S                                | T-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 Statules. 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 12 if changed, or on an attachment with an address.