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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 09 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place 1402 THISTLEI BRANDON FL US  2. Principal P 21 Suite, Apl 22 City & State	DOWN DR 33510 face of Business #, etc.	Mailing Address 1402 THISTLEDOWN DR BRANDON FL 33510-2051 US  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State			08/20/1992     4. FEI Number     59-3133104     5. Certificate of Status Desired     6. Election Campaign Financing	a. Date of Last Report  05/01/1996  Applied For Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be	
Zip	Country	<b>28</b> Zip	Cou	intry	Trust Fund Contribution L  8. This corporation has liability for intar	ngible tax under s. 199.032.	
24	25 Name and Address of Curre	ni Begistered Agent	30		Florida Statutes Ye		
9. Name and Address of Current Registered Agent GILMORE, RICARDO L. 610 WEST HORATIO ST. TAMPA FL 33806				83	10. Name and Address of New Registered Agent  Address (P.O. Box Number is Not Acceptable)		
				B4 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE							
12.	Signarize typed or punted name of registered ag OFFICERS AN	pent and tibe if applicable (NOTI ND DIRECTORS	Registere 13.	d Agent signature rec	quired when reinstating) C ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12	
1IILF	DC	DELETE	1.1 1	TLE		Change Addition	
NAME STREET ADDRESS CITY - ST - ZIP	CURRY, LULA 1402 THISTLEDOWN DR BRANDON FL		1	AME Ireet address Ty-st-zip		2000	
TITLE	DCP	DELETE , 21T				☐ Change ☐ Addition	
NAME STREET ADDRESS	DONALDSON, DORIS 5508-86 STREET			TREET ADDRESS			
DITY-ST-ZIP	TAMPA FL 33619	DELETE	2.4 C	ITY-ST-ZIP		Change Addition	
NAME Street Address			3.2 N	AME TREET ADDRESS			
CITY-ST-7IP TITLE		DELETE	3.4. C	ITY-ST-ZIP TLE		Change Addition	
NAME		<u></u>	4. 2 N				
STREET ADDRESS				TREET ADDRESS			
CITY - ST - ZIP				TY-ST-ZIP			
TITLE		☐ DELETE	5.1 11			Change Addition	
HAME FLORES ASSOCIOE			5.2 N	,			
STREET ADDRESS  CITY - ST - 71P				TREET ADDRESS			
TiftF	, , , , , , , , , , , , , , , , , , ,	DELETE	6.1 Ti			Change Addition	
NAME			6.2 N	AME			
STREET ADDRESS			6.3 \$	TREET ADDRESS			
CITY - ST - 7IF			640	ITY-ST-ZIP	-di- C-di- 440 07(0)() Fl-dd- C-d		

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.