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

DOCUMENT # V60961

J. T. SCHROTEL, ATTORNEY, P.A.

(2)

FILED Jan 22 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address							.,
8712 HICKORYN TAMPA FL 3361		8712 HICKORYWOOD LANE TAMPA FL 33615-4418							
						3. Date Incorporated or Qualified 09/01/1992		e of Last R 3/1996	eport
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	·L	Ar	oplied For
21		26			59-3149453		No	ot Applicable	
Suite, Apt. i	#, etc	Suite, Apt. #, etc.			E C William of Charles		\$8.75	Additional	
22		27			5. Certificate of Status Desired		Fee Re	equired	
City & State	3	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution	Added to Fees			
Zip	Country	Zip Country			-	B. This corporation has liability for it	ntangible t	ax under s	. 199.032,
24	25	29	30			Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent	1			10. Name and Address of New Re	istered A	gent	
SCHI	ROTEL, J. T.			81	Name				
8712 HICKORYWOOD LANE					Ctrant Add	ress (P.O. Box Number is Not Acceptab	lo\		
	PA FL 33615		82 Street Addre			ress (P.O. Box Number is Not Acceptab	16)		ļ
(Ame	NIE OOUTO		•	83					
				84	City			85 Zip	Code
					•		<u>FL</u>		
11. Pursuant	to the provisions of Sections 607 05	02 and 607.1508, Florida Statut	es, the at	SOVE-	-named corr	poration submits this statement for the p	urpose of	changing in	ts registered
agent. La	m familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Stat	utes.		tion's board of directors. I hereby accep			
CIGNIATURE	Signature, typnic or primed name of registered at					ired when reinstating)	DATE		
		ND DIRECTORS	13.		r sifilatore teda	ADDITIONS/CHANGES TO OFFIC		DIRECTOL	8S IN 12
12.	DP\$		DELETE 1.1 T		— т	7,0011010,010110,010		Change	Addition
NAME	SCHROTEL, J. T.	1.2		1.2 NAME 1.3 STREET ADDRESS					_
l ' '	8712 HICKORYWOOD LANE								
STREET AUDRESS	TAMPA FL			1.4 CITY-ST-ZIP					
City-St-ZiP	(Ami ATC			2.1 TITLE				Change	Addition
TITLE				2,2 NAME					
NAME					ADDDCCC				
STREET ACCIRESS		, , ,		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP					i
CITY - ST - ZIP		DELETE	DELETE 3.1 TITLE		1-242			Change	Addition
TITLE		becare	3.2 N/				'		
NAME					1000000				
STREET ADDRESS					ADDRESS				
CHY-SI-ZP	DELETE			3.4. CITY - ST - ZIP 4.1 TITLE				Change	I Addition
TITLE		□ nttt (t	4. 2 N				'	- Change	
NAME.					1DDDCC¢				
STREET ADDRESS					ADDRESS				
CITY-ST-715		☐ DELETE		TY - S1	- ZIP			Change	☐ Addition
THLF		ויין הנוגונ	5.1 11					onnigo	Rounou
NAME			52 N						
STREET ADDRESS					ADDRESS				
CITY - S1 - ZIP		Driere		TY-SI	í-ZIP			Change	Addition
TILE	DELETE			6 1 TITLE				TT CHANGE	Nontroll
NAME			6.2 N		1				
STREET ADDRESS			6.3 \$	TREET	ADDRESS				l
C(TY - S1 - 7)P	<u> </u>		64 C	ITY-S	I-ZIP				

14. Ido 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: