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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

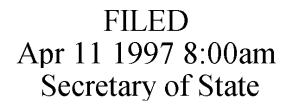
DOCUMENT # V62593

(1)

LARSEN COMMUNICATIONS & PROFESSIONAL SERVICES, INC.

Principal Place of Business 3134 RESEDA CT TAMPA FL 33618 Mailing Address

3134 RESEDA CT TAMPA FL 33618-3013





				3. Date Incorporated or Qualified	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3143458	Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
manual conservation of the second contract of		27		Germicate of States Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation has liability for	
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre	ent Registered Agent	81 Name 1	10. Name and Address of New R	egistered Agent
	sen, James R. Jr		LAIFOIE DIAG	CENI	
3134	i reseda ct		82 Street Ad	dress (P.O. Box Number is Not Accepte	SE/V
TAM	PA FL 33618		GE ONICOLAG	3134 RESEDA COU	<b>ル</b>
	•		83		
			84 City		85 Zip Code
	The state of the s	d , dec		TAMPA	FL   33/4/8
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	602 and 607.1508, Florida Stat le of Florida, Such change wa	tules, the above-named co	orporation submits this statement for the ration's board of directors. I hereby according to the control of the	purpose of changing its registered
agent La	m familiar with, and A cept the obli	gations of Section 607.0505,	Florida Statutes.	action a board of circulora. Thereby acci	spirtine appointment as registered
SIGNATURE.	Dury D. Kars	en Musicint	) VALERIE L	), LARSEN C	24/04/97
12.		gent and title it applicable (N ND DIRECTORS	E: Registered Agent signature /eq	quired when reinstating) ADDITIONS/CHANGES TO OFF	IDATE
TOTLE	POT	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	LARSEN, VALERIE D	ET officit			CT change CT vooition
	3134 RESEDA COURT		1.2 NAME		
STEEFT ADORESS	TAMPA FL 33618-3013		1.3 STREET ADDRESS		
City-St-7iP	S	Distress	1.4 CITY-ST-ZIP		
1111.6	Larsen, Jr., James R	☐ DELETE	2.1 TITLE		Change Addition
NAME	3134 RESEDA COURT		2.2 NAME	1	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33618-3013		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STHEF* ADDRESS			3.3 STREET ADDRESS		
C(1) - S! - 7(P			3.4. CITY-ST-ZIP		
TOTLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP			4.4 CITY-\$T-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STEELT ADDRESS			5.3 STREET ADDRESS		
City-St-ZiP			5.4 CHTY-ST-ZIP		į
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STHEET ACORESS			6.3 STREET ADDRESS		
CITY - ST - ZIP					
····		and the file files also a set	6.4 C/TY-\$T-7/P	ed in Section 119 07(3)(i) Florida Statut	

4. I do hereby certify that the information supplied with this filling 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 op as attackment with an address.

SIGNATURE

CALLY DATE NAME OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DATE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DATE OF DATE OF DIRECTOR DATE OF DATE OF DIRECTOR DATE OF DATE OF DIRECTOR DATE OF DA