## 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	#	V69697
1. Corporation Name	••	403031

(3)

OADLOG AUTHOUS CRECTO INC

Resiling Address  848 LAKE SUNNINSE CPI APOLIO BEACH R. 38372-2304  8. Date Incorporated or Qualified 10/08/1992  2. Principal Face of Business  2. Principal Face of Business  2. Principal Face of Business  3. Date Incorporated or Qualified 10/08/1992  3. Date Incorporated or Qualified 10/08/1992  3. Date Incorporated or Qualified 10/08/1998  3. Date Incorporated or Qualified 10/08/1992  3. Substance of Business  3. Date Incorporated or Qualified 10/08/1998  4. FEI Number 10/08/1992  3. Substance of Business 10/08/1998  3. Substance of Business 10/08/1998  3. Date Incorporated or Qualified 10/08/1998  3. Election Company Financing 35.00 May 10/08/1998  3. Substance of Courtery 24/09	CARLOS	ANTHUNT UNESPU, INC	J:									
APOLLO BEACH FL 35370  APOLLO BEACH FL 35372-2004  3. Date Incorporated or Qualified 1,006/1992  2. Principal Flace of Euerness 2. Suite, Apt. #, etc.  3. Date Incorporated or Qualified M, Applied To Required Status Statu	Principal Place	e of Business	Mailing A	ddress	<del></del>			T TROUT ESTABLE DATES IN	IN <b>ia a</b> utya mpati a <b>ka</b>	i minit ninit i	INDIL ANDRE DIĞIL	#1611 1681
1000/1992   04/29/1996   04/2												
Suite, Apt. #, inc.   Suite, Apt. #, etc.									or Qualified			oport
Suito, Apt P, etc.   Suito, Apt P, etc.   Suito, Apt P, etc.   27   27   Country   29   Country   20   Florida Statutes   10   Name and Address of Current Registered Agent   10   Name and Address of New Registered Agent   28   Street Address of New Registered Agent   29   Country   29   Country   29   Country   29   Country   20   Street Address of New Registered Agent   20   Name and Address of New Registered Agent   20   Name and Address of New Registered Agent   20   Name and Address of New Registered Agent   20   Name   20   Name and Address of New Registered Agent   20   Name and Address of Name and N		lace of Business	} <sub>1</sub>	g Address				l .			h	plied For at Applicabl
City & State    City & State   City & C	Suite, Apt	#, etc.	Suite	Apt. #, etc.					s Desired		\$8.75	Additional
Zip   Country   Zip   Country   Zip   Country   Straing corporation has leablity for interglable tax under s. 199.0	City & State	0		State				6. Election Campaig	n Financing		\$5.00	May Be
9. Name and Address of Current Registered Agent  CRESPO, CARLOS ANTHONY 6433 LAKE SUNRISE DR APOLLO BEACH FL 33570  10. Name and Address of New Registered Agent  11. Fursuant to the provisions of Socions 607,0502 and 607 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoinment as registered agent, and accept the obtained on Sociotics of Sociotics on Corporation Societies. The purpose of changing its registered agent and accept three obtained on Sociotics. Profice Statutes.  SIGNATURE Souther typed or productioned agent and the disposance of Sociotics on Sociotics. Profice Statutes.  SIGNATURE Souther typed or productioned agent and the disposance of Sociotics on Sociotics. Profice Statutes.  In the Part of Statutes.  Part of Statutes.  Part of Statutes.  OFFICE RS AND DIRECTORS.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  TITLE  PART OFFICE RS AND DIRECTORS.  13. TREET ADDRESS.  APOLLO BEACH FL.  VP DELETE 1.1 TITLE  PART OFFICE RS AND DIRECTORS.  14. CITY-ST-2P  THE PART OFFICE RS AND DIRECTORS.  15. TREET ADDRESS.  APOLLO BEACH FL.  DELETE 2.1 TITLE  DELETE 2.1 TITLE  OFFICE RS AND DIRECTORS.  3. STREET ADDRESS.  3					1 6-							
9. Name and Address of Current Registered Agent  CRESPO, CARLOS ANTHONY 6433 LAKE SURRISE DR APOLLO BEACH FL 33570  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  67 City  FL 85 Zip Code  67 Code  67 Code  67 Code  67 Code  67 Code  68 City  FL 85 Zip Code  68 City  FL 85 Zip Code  69 Code  60 Code  6		ի <sub>1</sub>	<u>├</u> —┐		<b>├</b> ──	ntry		i '				. 199.032,
CRESPO, CARLOS ANTHONY 6433 LAKE SUNRISE DR APOLLO BEACH FL 33570  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL City FL 85 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  87 City FL 85 Zip Code  88 Zip Code  88 Zip Code  89 City FL 85 Zip Code  80 City FL 85 Zip Code  89 City FL	4			Agent	[30]							
## City   FL   85   Zip Code	^DC			<u> </u>		81	Name					
APOLLO BEACH FL 33570    APOLLO BEACH FL 33570								605 11 1				
T1. 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 registed 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 regists agent, I are familiar with, and accept the obligations of, Section 607 5055, Florida Statutes.  SIGNATURE  Signature liquid or predict familiar dilegationed agent and title 4 applicable. (INDE Reprised Agent signature required when rentrating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  TITLE  PERSOPO, CARLOS ANTHONY  13. STREET ADDRESS  OFFICERS AND DIRECTORS IN 1.  14. DIRECT ADDRESS  APOLLO BEACH FL  VP  WILLIAM H CARY  433 LAKE SUNRISE DR.  APOLLO BEACH FL  VP  WILLIAM H CARY  4433 LAKE SUNRISE DR.  APOLLO BECH FL  DELETE  31. TITLE  1.1 TITLE  1.2 MANE  43.2 MANE  43.2 MANE  43.3 STREET ADDRESS  OITY-S1-2P  10. DELETE  41. TITLE  1. Change  A ADTY-S1-2P  10. Change  A ADTY-S1-2P  A ADTY-S1-2P  A ADTY-S1-2P  A ADTY-S1-2P  A ADTY-S1-2P  A ADTY-S1-2P  A ADT							Street Addi	ess (P.U. Box Number is	Not Acceptat	ble)		
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 agent, or both in the State of Florida. Such change was subhorized by the corporation's board of directors. I hereby accept the appointment as registe agent from tension with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, typed or procedure agent and liter 4 applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. THILE  P CRESPO, CARLOS ANTHONY  6433 LAKE SUNRISE DR  APOLLO BEACH FL  1.4 CITY-SI-72P  THILE  VP  WILLIAM H CARY  6433 LAKE SUNRISE DR.  APOLLO BEACH FL  DELETE  1.4 CITY-SI-72P  THILE  MAM  3.2 MAME  3.3 STREET ADDRESS  CITY-SI-72P  THILE  VP  LILIAM H CARY  6433 LAKE SUNRISE DR.  APOLLO BEACH FL  DELETE  1.4 CITY-SI-72P  THILE  APOLLO BEACH FL  DELETE  1.5 THILE  1						83						
11. Provisions of Sections 607 (SO2 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both in the State of Florida, Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registe agent, are taken and accept the obligations of, Section 607 8505, Florida Statutes.  Signature  Signature speed or protect name of registered agent and stitler if applicable.  (NOTE Registered Agent signature required when remistating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  TITLE  CRESPO, CARLOS ANTHONY  GASS LAKE SUNRISE DR  APOLLO BEACH FL  VP  DELETE  11 TITLE  CRESPO, CARLOS ANTHONY  GASS LAKE SUNRISE DR  APOLLO BEACH FL  VP  DELETE  13 TITLE  12 TITLE  Change  A  APOLLO BCH FL  Change  A  APOLLO BCH FL  DELETE  31 TITLE  Change  A  ACITY-ST-ZIP  BAMM  SIRRET ADDRESS  CITY-ST-ZIP  DELETE  31 TITLE  32 STREET ADDRESS  CITY-ST-ZIP  GASS LAKE SUNRISE DR.  APOLLO BCH FL  DELETE  31 TITLE  Change  A CITY-ST-ZIP  Change  A CITY-ST-ZIP  Change  A CITY-ST-ZIP  DELETE  31 TITLE  Change  A CITY-ST-ZIP  Change  A CITY-ST-ZIP  A CITY-ST-ZIP  A CITY-ST-ZIP  A CITY-ST-ZIP  Change  A CITY-ST-ZIP  A					}	84	City	<u> </u>			<b>85</b> Zip (	Code
SIGNATURE    Signature   Signa		(0.10	506 1007 450	O. Etc. 1sts David								
DELETE	SIGNATURE	Signature, typod or pricted came of registered in	agent and title if applica		TE Registered			ed when reinstating)		DATE		J
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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 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 oirector of the corporation or the receiver or furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attacking in with an address.

SIGNATURE:

**FILED** 

Apr 02 1997 8:00am

Secretary of State