## 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 # V72685** 

(3)

Principal Place of Business	Mailing Address	
792 NATALIE LANE PALM HARBOR FL 34683	1103 FLORIDA AVE SUITE 4 PALM HARBOR FL 34683-4312	
	US	3.

**FILED** May 07 1997 8:00am Secretary of State

Principal Plac 792 NATALLE I PALM HARBOR	N IMPORT CORPORATION  e of Business LANE	Mailing Address 1103 FLORIDA AVE SUITE 4 PALM HARBOR FL 3468	3-4312							
		US				3. Date Incorporated	or Qualified		le of Last F	Report
2. Principal P	lace of Business	2a. Mailing Address				10/20/1992 4. FEI Number		1 07/1	5/1996	oplied For
21		26				59-3145329			<del></del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt #, ctc.		-		5. Certificate of Statu	s Desired			Additional equired
City & Stat	e	City & State				6. Election Campaign	Financing		\$5.00	May Be
23		28				Trust Fund Contrib				to Fees
Zip	Country	Zφ	Countr	У		8. This corporation h	as liability for	intangible	ax under s	. 199.032,
24	25	29	30			Florida Statutes		Yes 🛚	<u> </u>	····
	9. Name and Address of Curr	rent Registered Agent	8.	I Name		10. Name and Addre	ss of New Re	gistered A	gent	
	WOLIOS, JAMES J 58 US HWY 19 N									
	M HARBOR FL 34684		82	Street	Addres	ss (P.O. Box Number is	Not Acceptat	ble)		
176	AN INCIDON I & CTOCT		83	3						
				1 05					1_1 =	
			84	City				FL	<b>85</b> Zip	Code
office or a agent. I a SIGNATURE	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-		s authorized b Florida Statute OT: Registered A				hereby acce	pt the appo	ointment as	registered
12.		AND DIRECTORS	13.	gent aignitie	- Indonesia	ADDITIONS/CHANG	SES TO OFFIC		DIRECTO	RS IN 12
TITLE	PST	DELETE	1.1 TIDLE						Change	Addition
NAME	BALESTRIERI, HENRI		1.2 NAME							
STREET ADDRESS	128 MARINER DR.		1.3 STREE	1 ADDRESS	792	R NATALIE UM NARBOL	CHNC			
CITY-ST-ZIP	TARPON SPRINGS FL	T see Free	14 CITY-	S1 - ZIP	MA	LM HARBOR	FL 3	34685	) 	
TITLE		L DELETE	21 117( F		}				Change	Addition
NAME			2 2 NAME							
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP TITLE		DELETE	2. 4 CHTY 3.1 TITLE	· 51 · 201'	+				Change	Addition
NAME			3.2 NAME							
STREET ADDRESS				1 ADDRESS	Ì					
CITY+ST-ZIP			3.4. CITY							
TITLE		DELETE	4.1 THLE		1		· • · • · · · · · · · · · · · · · · · ·		Change	Addition
NAME			4 2 NAM	E	}					
STREET ADDRESS			4.3 STREA	1 ADDRESS						
CITY-ST-ZIP			4.4 CHY-	ST-ZIP	<u> </u>					<del></del> -
TITLE		☐ DETLIE	5.1 Trille						Change	Addition
NAME			5.2 NAME							
STREET ADDRESS				1 ADDRESS						
CITY-ST-ZIP		DELETE	5 4 CITY-		ļ				Change	Addition
TITLE		☐ Office It	6.1 1171.6		1				∟ change	L.J AUGINON
NAME OTREET ADDRESS			6.2 NAME							
STREET ADDRESS			1	1 ADDRESS	1					
CITY-ST-ZIP	I		64 DITY	ST-ZIP	1					

upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an attachment with an Agdress.

4-30-07