## 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

H-R- LE								
1432 CLEVELAND STREET JACKSONVILLE FL 3220 <del>0 6</del> 400		PO BOX 40783 Jacksonville fl. 32203-0783 US						
					3. Date Incorporated or Qualified 07/01/1977	3a. Date of 08/02/		eport .
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-1745923	Applied For Not Applicable		
Suite, Apt. #, etc. 22		Suite, Apt. #, etc		5. Certificate of Status Desired	☐ <b>\$</b>	<b>8.75</b> A Fee Re	Additional equired	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		5.00 Added to	
Ζιρ <b>24</b>	Country	·		itry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
<u></u>	9. Name and Address of Curren		30		10. Name and Address of New Re			
LEWIS, HARRY R 3758 CATHEDRAL OAKS PLACE N. JACKSONVILLE FL 32217				Name Street A	ddress (P.O. Box Number is Not Acceptab	le)		
				84 City		FL 8	Zip (	Code
office or n agent Lai SIGNATURE	to the provisions of Sections 607,050 cgistered agent, or both, in the State in familiar with, and accept the obligation for the obligations, typed or printed name of registered agents.				corporation submits this statement for the poration's board of directors. I hereby acception and the reinstating of the point of the po	of the appoint	nging its	registered registered
12.	OFFICERS AND DIRECTORS		13.	<del></del>	ADDITIONS/CHANGES TO OFFICE	ERS AND DIR	ECTOR	S IN 12
7111.5	PD	DELETE	1.1 17	LE			Change	Addition
NAMI [	LEWIS, HARRY R		1.2 NA	ME				
STREET ADDRESS	3758 CATHEDRAL OAKS		1.3 ST	REET ADDRESS				
City-St ziP	JACKSONVILLE FL		1	Y-ST-ZIP				
1016	<b>ST</b>	DELETE	2.1 TIT				Change	Addition
NAME.	LEWIS, JANE A		2.2 NA	į.			-	
STREET ADDRESS	3758 CATHEDRAL OAKS			REET ADDRESS				
CHY ST-ZiP	JACKSONVILLE FL		1	TY-ST-ZIP				
TITLE		DELETE	3.1 1/1				Change	Addition
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CHV - S1 - ZiP				Y-ST-ZIP	•			
TITLE		DELETE	4.1 TIT			[7	Change	Addition
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HAME			52 NA	I				
STREET ADORESS				reet address				
CITY-ST ZIP				Y-ST-ZIP				1 2 3 3 3 3 3
IL, ft		Det.ETE "	E(1 TIT	LE [		⊔	Change	Addition
NAME		/	6.2 NA	ME				
STREET ADDRESS			63 ST	REET ADDRESS				

14. If 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.

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 29 1997 8:00am

Secretary of State

0042479