## 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

(9)

FILED						
Feb 06 1997 8	:00am					
Secretary of	State					

Principal Place	E BEACH ROAD	Mailing Address  2279 SEMINOLE BEACH APT. 5  ATLANTIC BEACH FL 32			
US	411 · # 422	US		3. Date Incorporated or Qualified	3a. Date of Last Report
9 Principal P	lace of Business	2a. Mailing Address		01/01/1979 4. FEI Number	02/02/1996 Applied For
21	Iace of Odomesia	26		59-1871046	Not Applicable
Suite, Apl	#, etc.	Suite, Apt. #, etc.	······································	5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zipi	Country	28	Country	Trust Fund Contribution  8. This corporation has liability for in	Added to Fees
24	25	29	30		Yes No
	9. Name and Address of Curr		1551	10. Name and Address of New Reg	
ASB	ORY, LLOYD I		81 Name	TOLW E STIMLER,	1.0
	N. SLAY 87 #100		82 Street Add	fress (P.O. Box Number is Not Acceptable	le), _
JAC	KSONWILE FL 32202		83 22	79 SEMINOLE ROL	#5
			63		
_	\		84 City	ANTIC BRACH	FL 85 Zip Code 32233
11. Pursuant	to the provisions of Sections 607.0	502 and 607, 1508, Florida Stat	uton the above named cor	paration submits this statement for the n	uroose of changing its registered
office or r	registered agent, or both, in the Sta im familiar with, and accept the out	te of Florida. Such change was Igations of, Section 607.0505, I	s authorized by the corpora Florida Statutes.	ation's board of directors. I hereby accep	of the appointment as registered
SIGNATURE	(h/m 2	8 Les		<i>~3</i>	31-97
<b></b>			DTE. Registered Agent signature requ		DATE
12.	PD OFFICERS A	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	STIMLER, JOHN E		1.2 NAME		Charge La raditor
STREET ADDRESS	AATA ACIANIAI E DELALI DA ME		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL		1.4 C/TY-ST-ZIP		
TITLE		DELETE	2.1 THTLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP		The course	2.4 CITY-\$T-ZIP		T 2000
TITLE		DELETE	3 1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-7IP			34. CITY-ST-ZIP		
TILE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TATLE		DELETE	5.1 TITLE		Change Addition
NAMÉ			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		La Openit	6.2 NAME		
STREET ADORESS			63 STREET ADDRESS		

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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZiP