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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

835 DELANNOY AVENUE

P O BOX 129



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F13886

(9)

Mailing Address

P O BOX 129

535 DELANNOY AVENUE

DAVIES, HOUSER, SECREST & HARRIS, P.A., CERTIFIE D PUBLIC ACCOUNTANTS

COCOA FL 32923		COCOA FL 32923-0129						
		U\$				 Date Incorporated or Qualified 01/07/1981 	3a. Date of Last Report 01/25/1996	
2. Principa! P	lace of Business	2a. Mailing Address				4. FEI Number	Applied F	or
21		26				59-2046542	Not Appli	cable
State, Apt. #, etc.		Suite, Apt. #, etc.			1	5. Certificate of Status Desired	\$8.75 Addition	
22		27				G. Certificate of Status Desired	Fee Required	
City & State	ϵ	City & State			•	6. Election Campaign Financing	\$5.00 May B	e
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	├ ──\ ``	untry		8. This corporation has liability for i		32,
24	[25]	[29]	30		~		Yes No	
-	9. Name and Address of Curren	it Hegistered Agent		81	Name	10. Name and Address of New Re	gistered Agent	
	REST, WALTER E			"	ivanie	e Company		
	DELANNOY AVENUE			82	Street Add	dress (P.O. Box Number is Not Acceptab	le) .	
COC	OA FL 32922			83				
1				53	I			
				64	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607 050	12 and 607 1508. Florida Statu	tes the s	hove	named cor	rporation submits this statement for the o	urgose of changing its regist	tered
office or r agent. La	registered agent, or both in the State im familiar with, and accept the obliga	of Florida, Such change was ations of, Section 607.0505, Fl	authorize Iorida Sta	ed by	the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	of the appointment as registe	red
SIGNATURE	Signature typic to printed name of regotiered a ye	ev reachly ill and rake (N/X	re Gogielan	ad Ana	int conduct rea	uired when reinstating)	DATE	
12.	OFFICERS AN		13.	_	in ogradic requ	ADDITIONS/CHANGES TO OFFIC		2
TUTLE	DP	DELETE		ITLE				ddition
NAME	SECREST, WALTER E.		1.21	NAME	ļ			
STREET ADORESS	515 SUNSET LANE		1.3 9	STREET	ADDRESS			l
CITY-ST-ZIF	MERRITT ISLAND FL		1.4 0	CITY - S	T-ZIP			
TITLE	DST	DELETE		ITLE			☐ Change ☐ Ad	ddition
NAME	HOUSER, STEPHEN C.		2.21	NAME				
STREET ADDRESS	950 MAEMIR WAY		235	STREET	ADDRESS			
CITY - ST - ZiF1	ROCKLEDGE FL		2.4	CITY - S	ST-ZIP			
TITLE	DV	DELETE	317	ITLE			Change A	ddition
NAME	HARRIS, DEWEY		3.21	NAME		•		
STREET ADDRESS	490 GREENVIEW RD.		335	STREET	ADDRESS			
CHTY+ST-ZIP	MERRITT ISLAND FL		3.4	CITY-S	ST-ZIP			
TITLE	DV	☐ DELETE	4.11	ITLE			Change A	ddition
NAME	CHRISTENSEN, EDWARD		4. 2	NAME				
STREET ADDRESS	1555 EDDY ST.		4.3 \$	STREET	ADDRESS			
CHT+ST-ZIP	MERRITT ISLAND FL		4.4 (CITY-S	I - ZIP			
THTLE	VD	DELETE	5.11	IITLE			L. Change L. A	ddition
NAME	ELLIS, STEPHEN A.		5.21	NAME				
STREET ADDRESS	1524 WALL DR.		5.3 \$	STREET	ADDRESS			
CITY - ST - Zif-	TITUSVILLE FL			CITY - \$	J-ZIP			
T-TLE	}	DELETE		TITLE			L Change A	ddition
NAME			621	MAME				
STREET ADDRESS			635	STREET	ADDRESS			
017V 01 7.5	I		E 41	ntv e	T 710			

SIGNATURE: Walta & Secret

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.

407 6360426

FILED

Feb 05 1997 8:00am

Secretary of State