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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23 1997 8:00am Secretary of State



	1997 MENT # F55133 NC.		ORPORATIONS .		
Principal Place of Business Mailing Address % G AGNACIAN.5120 WILLOW LEAF DR % G AGNACIAN.5120 WILLOW LEAF DR \$180 (33579) 5180 (33579)					
SARASOTA FL	34241	SARASOTA FL 34241		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address		11/13/1981 4. FEI Number	05/01/1996 Applied For
21		26 P.O. BOX 50	18	59-2165694	Not Applicab
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State	6 - 2 - 2	6. Election Campaign Financing	\$5.00 May Be
23		28 SARASOTA		Trust Fund Contribution	Added to Fees
Zip	Country	Zip 29 34277	Country 30】 レタみ	8. This corporation has liability for	
4	25 9. Name and Address of Curre		30 USA	Florida Statutos L 10. Name and Address of New Re	
AON	ACIAN, GEORGE N		81 Name	Hame and Appleas of How he	Service uRain
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statute	84 City	contation submits this statement for the	FL 85 Zip Code
agent. I a	am familiar with, and accept the oblig	e of Florida. Such change was au gations of, Section 607.0505, Flor	uthorized by the corpora ida Statutes.	ation's board of directors. I hereby acce	pt the appointment as registered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, Flor	ida Statutes. Registered Agent's gnature requ	ured when reinstating)	DATE
agent. I a SIGNATURE 12.	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS AN	gations of, Section 607,0505, Flor gent and lide if applicable (NOTE ND DIRECTORS	ida Statutes. Registered Agent signature requ		DATE CERS AND DIRECTORS IN 12
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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 eath; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

941 371-6226