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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # G40024

(3)

OUGHTERSON, OUGHTERSON, PREWITT AND SUNDHEIM, P.

Principal Place of Business Mailing Address								n immitst maste destre dentre abbite beder me	fa Bribas Bribas da	9 1 9 0 1 0 0	1 41417 1641
310 SW OCEAN BLVD. 310 SW OCEAN BLVD											
STUART FL 349	94-2007		STUART FL 34994-2007								
US			US					3. Date Incorporated or Qualified	3a Da	te of Last	Report
								05/18/1983		2/1996	rioport
2. Principal Pi	ace of Busin	ines	2a. Maili	ng Address				4. FEI Number	APIA		Applied For
21	aco or praom	1000	├	26				59-2293803 Not Applicab			
Suite, Apt	⊭. etc.		Suite, Apt #, etc							Additional	
22	,	27	1				5. Certificate of Status Desired Fee Required				
City & State	,			City & State				6. Election Campaign Financing \$5.00 May Be			
23			28	28				Trust Fund Contribution Added to Fees			
Zip				Zip Count				8. This corporation has liability for intangible tax under s. 199.032,			
24	11		29	30				Florida Statutes Yes No			
		and Address of C	urrent Registered	Agent		~-1	N	10. Name and Address of New I	legistered /	agent	
	HTERSON					61	Name				
	SW OCEAL						Street Ad	ddress (P.O. Box Number is Not Acceptable)			
Stu	ART FL 349	994									
						83					ļ
						84	City			85 Zip	Code
				· · · · · · · · · · · · · · · · · · ·					FL		
11. Pursuant to	to the provis egistered ac	ions of Sections 60 sent, or both, in the	7.0502 and 607 15 State of Florida Si	i08, Florida Stati Joh change was	utes, the a s authorize	Dove d by	e-named co the corpor	rporation submits this statement for the ation's board of directors. I hereby acc	ept the app	changing ointment a	is registered is registered
agent. Far	m tamiliar wi	ith, and accept the	obligations of, Sec	tion 607.0505, F	Florida Sta	lutes	· ·				
SIGNATURE									DATE		
12.	Signature based	for printed name of register	s AND DIRECTOR	·····	13.	a Age	int signature req	uked when reinstating) ADDITIONS/CHANGES TO OFI		DIRECTO	ORS IN 12
TITLE	P	OFFICER	S AND DITECTOR	DELETE	1.1 T	TLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	
NAME	OUGHTE	RSON, WM A		*****	1.2 N		1				
STREET ADORESS	70 N RIV						ADDRESS				
CITY ST - ZIP		FL 00000					iT-ZIP		;	3499	ا ما
TITLE	γ.			DELETE	21 T			<u></u>		Change	Addition
NAME	PREWITT	r, John e			22 N	AME					
STREET ADDRESS	3250 SW	72ND AVE			235	TREET	ADDRESS				
CITY-ST-ZIP	PALM CI	TY FL			2 4 0	OITY-	ST-ZIP			3499	10 j
TITLE	ST			DELETE	317	TLE			<u>-</u>	Change	B 🛂 Addition
NAME .		IM, JR., FREDER	ICK		3.2 N	AME					
STREET ADDRESS		NVERWAY BLVD			3.3 \$	TREET	ADORESS				20.5
CHY-ST-ZIP	PALM CI	TY, FL 00000			3.4 (CITY-	ST-ZIP			उप प	170
TITLE				☐ DELETE	4.1 T	ITLE				☐ Change	e [_] Addition
NAME					4.21	NAME					
STREET ADDRESS					4.3 S	TREET	ADDRESS				
CITY - ST - ZIP					4.4 0	IFY-S	ST - ZIP			- yung	
TITLE				DELETE	5.1 T	IILE				Change	e 🔲 Addition
NAME					5.2 N	IAME					
STREET ADDRESS					5.3 9	TREE	T ADDRESS				
CITY-ST-ZIP					5.4 (ITY-	ST-ZIP				
TITLE		-		☐ DELETE	6.1 I	ITLE				Change	e Maddition
NAME					6.2 N	AME					
STREET ADDRESS					6.3 5	TREE	T ADDRESS				

64 City-St-ZiP

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 with changed, or on an attachment with an address.

HODGEICK G SUNDHEIN JO 1/23/97

FILED

Jan 30 1997 8:00am

Secretary of State