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

1481 WELLS ROAD 1481 WELLS ROAD ORANGE PARK FL 32073	O1/24/1996 Applied For Not Applicable Body Street Required Street Requi
CRANGE PARK FL 32073 3. Date Incorporated or Quints	O1/24/1996 Applied For Not Applicable Red S8.75 Additional Fee Required Sing S5.00 May Be Added to Fees Added to Fees Ity for intangible tax under s. 199.032, Yes No No Registered Agent
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Suite, Aprilled Status Designation City & State City & State City & State City & State Country Zip Country Zip Country 8. This corporation has liab Florida Statutes 9. Name and Address of Current Registered Agent TISDELLE, A. C., JR. 1481 WELLS RD. ORANGE PARK FL 32073 83 Street Address (P.O. Box Number is Not Account of the provisions of Sections 607 0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereb agent Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGN ATURE Stignator byte or pertubulation of agent and the Tappacable. (NOTE Registered Agent Signature required where reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO	Not Applicable ### Required ### St.00 May Be Added to Fees ### Added to Fees ### Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Suite, Apt. #, etc. City & State Country Zip Country Zip Country B. This corporation has liab Florida Statutes 9, Name and Address of Current Registered Agent TISDELLE, A. C., JR. 1481 WELLS RD. ORANGE PARK FL 32073 Registered Agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereb agent I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGN-ATURE Signation Injection of Status Design City & State City Tourist Fund Contribution Country 8. This corporation has liab Florida Statutes 10. Name and Address of Name 11. Pursuant to the provisions of Sections 607 0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement foffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereb agent I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGN-ATURE Signation Injection of Status Design City & State Country City & State Country 8. This corporation has liab Florida Statutes 10. Name and Address of Name and Name	sing \$5.00 May Be Added to Fees ity for intangible tax under s. 199.032, **Yes \sum No **No
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SIGNATURE Signature typed or protein name of registered agent and title Lappacable. (NOTE: Registered Agent signature required when reinstating)	r the purpose of changing its registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO DELETE 1.1 TITLE	
TITLE PD DELETE 1.1 HILE	DATE
	Change Addition
STREET ADDRESS 173 OAK DR S 1.3 STREET ADDRESS	•
CITY-ST-ZIP GREEN COVE SPRGS FL 14 CITY-ST-ZIP	Channe Addition
TITLE L. DELETE 2.1 TITLE 1.2.1 NAME 2.2. NAME	Change Addition
STREET ADDRESS 2.3 STREET ADDRESS	
CHY-ST-ZIP 2 4 CHY-ST-ZIP	
TITLE DELETE 31 TITLE	Change Addition
NAME 32 NAME	
STREET ADDRESS 33 STREET ADDRESS	
CITY ST-ZIP 34 CITY-ST-ZIP TILE DELETE 4.1 TILE	Change Addition
HAME 4.2 NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TI'LE DELETE 5.1 TITLE	Change Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
City-SF-7/P	Change Addition
NAME 6.2 NAME	Li Anguigo Li Aodition
STATE (ADDRESS 63 STATE T ADDRESS	-
CITY - SF - 76°	-
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), Floridal information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the sail. I am an officer or director of the corporation or the receiptor or trusted empowered to succute this report as required by Chapter 607, Flappears in Block 12 or Block 13 if fragged, or one attachment with an order.	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97 (904) 269-2603

FILED

Jan 28 1997 8:00am

Secretary of State

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