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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1997	Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
DOCU 1. Corporation	MENT # H2092	• •			
Principal Place of Business		Mailing Address			
701 enterprise RD e Suite 100		701 NETERPRISE RD E.			
SAFETY HARBOR FL 34695		SAFETY HARBOR FL 34695 US			T. 8
U\$		UŞ		3. Date Incorporated or Qualified 09/13/1984	3a. Date of Last Report 05/01/1996
	Place of Business	26 701 ENTERPR	ca Papa F	4. FEI Number 59-2483897	Applied For
Suite, Apt	#, etc	Suite, Apt. #, etc.	se fund c.	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
22 City & Stat	te	City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for	
24	25 9. Name and Address of Cur		[Florida Statutes 10. Name and Address of New Re	Yes No
SUL	LIVAN, JOHN P.		81 Name		<u> </u>
2970 EAGLE TRAIL			82 Street Add	ress (P.O. Box Number is Not Acceptate	ile)
CLE	ARWATER FL 34621		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	s, the above-named corp	ooration submits this statement for the ption's board of directors. I hereby accept	surpose of changing its registered
agent 1 a	am familiar with, and accept the ob	oligations of, Section 607.0505, Flor	ida Statutes.	non's board of directors. Thereby accep	or the appointment as registered
SIGNATURE	Signature typed or printed name of registered	anont and tire if applicable (NOTE:	Registered Agent signature requi	red when reinstaling)	DATE
12.	OFFICERS .	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TOTALE	PD CHILDRAN JOHN D	DELETE	11TITLE		Change Addition
NAMÉ	SULLIVAN, JOHN P. 2970 EAGLE TRAIL		1.2 NAME		
STREET ADDRESS CITY - STZIP	CLEARWATER FL		1.3 STREET ADDRESS 1.4 CITY+ST-ZIP		
THE	VSTD	DELETE	2.1 TITLE		Change Addition
NAME.	SULLIVAN, KAREN ANN		2.2 NAME		
STREET ADDRESS	2970 EAGLE TRAIL		23 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL	DELETE	2.4 CITY- \$1-ZIP		Change Addition
TULE NAME		E-3 DECCIE	3.1 TITLE 3.2 NAME		L_] Change L] Addition
STREET ADORESS			3.3 STREET ADDRESS		
CHY-ST-ZIF			3.4. CITY-ST-ZIP		
THE		DELETE	4.1 TITLE		Change Addition
NVWE			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 City-St-ZiP 5.1 Title		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-SI-7F		—	5.4 CITY-SY-ZIP		
THE FARM		DELETE	6.1 TITLE	•	Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY - S1 - ZIP			6.4 CITY-ST-ZIP		
14. I do here	by certify that the information supp	olied with this filing does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega	s. I further certify that the
iniormati Lam an c appears	or indivated on this annual reports officer or director of the corporation in Block 12 or Block 13 if changed	or the receiver or trustee empowe for the receiver or trustee empowe for an attachment with an addr	red to execute this repo ess.	t my signature shall have the same legart as required by Chapter 607, Florida S	it enect as it made under dath; that Statutes; and that my name

SIGNATURE:

FILED

Apr 10 1997 8:00am

Daytime Phone #

0526611