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

PROFIT CORPORATION ANNUAL REPORT 1997 DOCUMENT # H32320

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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FILED Feb 18 1997 8:00am Secretary of State

Principal Place of Business 885 MEUPORT DRIVE VERO BEACH FL 32968 Mailing Address 985 NIEUPORT DRIVE VERO BEACH FL 32968-9216								
						3. Date Incorporated or Qualified 12/03/1984	3a. Date of Last 03/05/1996	Report
2. Principal Place of Business		—	2a. Mailing Address 26			4. FEI Number 59-2465435	} 	Applied For lot Applicable
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional
City & Stat	te	27 City & Sta	City & State			Fee Required 6. Election Campaign Financing \$5.00 May Be		
23		28	 			Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Country	,	8. This corporation has liability for		s 199.032,
24	25 9. Name and Address of Curr	29 29 Age		30		Florida Statutes 10. Name and Address of New R	Yes No	
CLA	ARK, ROBERT C.		<u> </u>	81	Name			
1642 20TH ST.				82	82 Street Address (P.O. Box Number is Not Acceptable)		ble)	
VER	O BEACH FL 32960							
				83				
				84	City		FL 85 Zip	Code
office or agent. La	registered agent, or both, in the Sta am familiar with, and accept the ob Signature, typed or profee name of registered	oligations of, Section 6	07.0505, Flori	ida Statutes	S	poration submits this statement for the tion's board of directors. I hereby acce	opt the appointment a	s registered
12.	OFFICERS A	AND DIRECTORS	(11012	13.		ADDITIONS/CHANGES TO OFFI		RS IN 12
TOLE	PTD DOV		DELETE	1 1 TITLE		.	☐ Change	☐ Addition
NAME	PINNER, ROY 385 NIEUPORT DRIVE			1.2 NAME				
STREET ADDRESS CITY: S1-ZIP	VERO BEACH FL			1.3 STREET	,			
3(1).E			DELETE	1.4 CITY - S 2.1 TULE	1-21		☐ Change	Addition
NAME				2 2 NAME				
STREET ADDRESS				2.3 STREET	ADORESS			
CITY+ST-ZIP			DELETE	2. 4 CITY-5	ST-ZIP			
TITLE		لسا	DELETE	3 1 117LE			Change	Addition
NAM:	The state of the s			3.5 NAM1			Change	Addition
NAME STREET ADDRESS				3.2 NAME 3.3 STREET	ADORESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				3.3 STREET 3.4 CITY-S			Change	☐ Addition
STREET ADDRESS			DELETE	3.3 STREET			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ST-ZIP			
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The material state in the information supplied with this iming does not quality for the exemption stated in Section 1.19.17(3)(i). Florida Statutes. 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 it 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.

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