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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 04 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

B.K. GOL Principal Place 4967 TORREY P	e of Business	Mailing Address 3967 TORREY PINES BLVD SARASOTA FL 34238-2834)		
SARASOTA FL	3428) CHINGE \	SAUNDOIN LE 94530-5634			
				3. Date Incorporated or Qualified 02/04/1986	3a. Date of Last Report 05/01/1996
2. Principal Pl	lace of Business : OPRAIRIE DUNES DI	28. Mailing Address 3800 PRACE	DUALECTA	4. FEI Number	Applied For
21 200 Suite. Apt		Suite, Apt. #, etc.	CIE DINESPA		Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	ASOTA , FL	City & State RASO 7	A, FL.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24) Zip 3 4.	238 25 US	Zip 29 34238 3	Country S	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Address of Current I RAY, RICHARD N	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
3967	Y TORREY PINES BLVD ASOTA FL 34238			/ASCH, SIDNEY ress (P.O. Box Number is Not Acceptat 800 PRAIRIE DU	NES PR
			84 City S	ARASOTA	FL 85 Zip Code 34238
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE SIDNEY G. WASCH Sidney G. (1) asch 2/23/97					
12.	Signature, typical or printed name of registered agent OF FICERS AND	and tife if applicable (NOTE: I	Registered Agenysignature requi	red within reinstating) ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
Till(f	- PST -	DELETE	1.1 TITLE Z	IRECTOR	Change Addition
NAME	MURRAY, RIGHARD		1.2 NAME	TOHN W. SHIMER 5300 OCEAN BLVD	2
STREET ADORESS City-St-ZIP	SARASOTA FL			SARASOTA, FL 34	247-
711LF +	D-	☐ DELETE	2.1 TITLE	PST	Change
NAME STHEFT ADORESS** CITY-ST-ZIF	WASCH, SIDNEY S600 PRAIRIE DUNES DR SARASOTA FL		2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	NASCH SIDNEX G 3800 PRAIRIE DUNI SARASCTA, FL 3	es De 4238
101E	D	☐ DELETE	3.1 THTLE		☐ Change ☐ Addition
NAME	JAMES GIFTOS		3.2 NAME		
STREET ADDRESS CITY: ST-ZIP	30140 VAN DYKE Warren Mi		3.3 STREET ADORESS 3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME CARLEL ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TIFLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
City - ST - Zië			5.4 CiTY+SY-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME STREET ADDRESS			62 NAME 63 STREET ADDRESS		
CHTV+ST+7H ⁰			6 4 CITY-ST-ZIP		
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), 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 truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brick 12 or Block 13 if changed of on an attachment with an address.					
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NOME OF SIGNING OFFICER OR DIRECTOR Date Date Despire Prove 4					