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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT 1997		Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
1	MENT # K57768	3 (9)			
1 1 16,171116	.,, 5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			) LAANATH AAN ALUK ANAK INON ANIAL (AN	MADAL MEMAL BERGE DI BER BUNG MEMALENDA
Principal Place	o of Bue mass	Mailing Address			
Principal Place of Business 2500 MINNESOTA AVENUE LYNN HAVEN FL 32444		P. O. BOX 15695			
US		PANAMA CITY FL 32406-569 US	₽0	3. Date Incorporated or Qualified	3a. Date of Last Report
				01/09/1988	01/29/1996
<del></del>	flace of Business	28. Mailing Address		4, FEI Number	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		59-2924594	\$8.75 Additional
22		27	·	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28   	Country	Trust Fund Contribution  8. This corporation has liability for it	Added to Fees
24	25]	29	30	Florida Statutes	Yes No
	9. Name and Address of Curren	t Registered Agent	B1 Name	10. Name and Address of New Re	gistered Agent
	BERT J. STOPKA, HI E		81 Name		
220 MCKENZIE AVENUE PANAMA CITY FL 32401  82 Street 83			82 Street Add	t Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
					FL
11. Pursuant office or r	to the provisions of Sections 607,050 registered agent, or both in the State	and 607.1508 Florida Statutes of Florida. Such change was au	s, the above-named con	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered it the appointment as registered
agent La	im familiar with and accept the follow	ation of, Siction 607.0505. Flor	ida Statutes		1-1
SIGNATURE	Sign if the Chical selected matter processed and ago	and the applicable (NOTE:	Systemed Agent signature requ	ired when reinstating)	12/47 DATE
12.	9/FICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PSD	DELETS.	1 1 TITLE		Change Addition
NAME	STOPKA, ALBERT J., JR.		1.2 NAME		
STREET ADDRESS	2500 MINNESOTA AVENUE LYNN HAVEN FL		1.3 STREET ADDRESS		i
DITY-ST-7P TITLE	V LINN HAVEN FL	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	ALBERT J. STOPKA, III	<del></del>	2.2 NAME		· · · · · · · · · · · · · · · · ·
STREET ADORESS	220 MCKENZIE AVENUE		2.3 STREET ADDRESS		
CiTy - St - ZiP	PANAMA CITY FL		2 4 CITY-ST-ZIP	154	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	<u> </u>	DELETE	3.4. C(TY - S1 - Z(P) 4.1 T(TLE		Change Addition
NAME		lenal section	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		i
CITY: ST-20F		,	4.4 CITY - ST - ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			. 5.2 NAME		
STHEFT ADDRESS			5 3 STREET ADDRESS		
CITY+ST-ZIP THILE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAMÉ		La orien	6.2 NAME		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY-SI-7IP			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 of 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 attributent with an address.

SIGNATURE

CR2E034 (9/96)

Jan 21 1997 8:00am