## 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

DOCUI 1. Corporation	MENT n Name	# K702	U	しい				ļ						
ROBACH, INC.														
Principal Place	e of Busines	S	Mail	ing Address			/		INTERN DA HIDA	<b>arina</b> hadin dalili				
C/O H. D. HOLSOMBACH O BOX 470262 AKE MONROE FL 32747			PΟ	C/O H. D. HOLSOMBACH P O BOX 470262 LAKE MONROE FL 32747-0262										
								1	te Incorporat /01/1989	ed or Qualifi	ed 8		of Last R	eport
2. Principal Pi	lace of Busin	ness	2a. I	Mailing Address					l Number			UNIGU		plied For
1			26					5	9-293686	1			No	t Applicable
Suite, Apt	#, etc		<del>⊢</del> ,	Suite, Apt. #, etc.				5. Ce	rtificate of Sta	atus Desired		] .	\$8.75 / Fee Re	
2] City & State		· · · · · · · · · · · · · · · · · · ·	27	City & State				6. Ele	ction Campa	ion Financin	0	·	\$5.00	
3			28	•				Į.	st Fund Con	-	Ľ	]	Added t	
Zφ		Country		Zφ	Coun	itry		8. Th	is corporation	has liability				199.032,
4		and Address of C	29		30				rida Statutes			es 🔲		
	·····		urrent negiste	reu Agent		81 Nar	ne	TU. IN	ine and Add	Less OI MAM	/ HeGisi	Iered Ag	en:	_ <del></del>
	SOMBACH S E LANGLI				Į.			10.0	Day M. sahar	in Nine Anna	-1-1-1-1			
	E MARY FL					<b>82</b> Stre	et Addres	SS (P.U.	Box Number	IS NOT ACCE	ptable)			
C-11/1	E 170 M >1 F	027 45			Ţ	83								
					L.	84 City							85 Zip (	Code
						T-1 ~",						FL		
														o ropietorod
11. Pursuant office or ragent. La	to the provis egistered ag m familiar wi	ions of Sections 60 jent, or both, in the ith, and accept the	07.0502 and 607 State of Florida obligations of,	7.1508, Florida Sta a. Such change wa Section 607.0505,	itutes, the ab as authorized Florida Statu	ove-named by the cutes.	ed corpo orporatio	oration si on's boar	ubmits this st rd of director	atement for the s. I hereby a	he purp ccept th	ose of cl	hanging it ntment as	registered
	_	ions of Sections 60 jent, or both, in the th, and accept the								atement for the s. I hereby as			hanging it ntment as	registered
SIGNATURE	_	or printed name of registe	ered agent and the if	applicable (f	NOTE: Registered			d when rein	slating)			DATE		
SIGNATURE	Signature typed	or printed name of registe		applicable (f		Agent sign		d when rein				DATE S AND D		
SIGNATURE 12.	Signature typed	or printed name of registr OFFICER	ered agent and the if	applicable {f	NOTE: Registered	Agent sign		d when rein	slating)			DATE S AND D	IRECTOR	S IN 12
SIGNATURE  12.  IIILE  NAME	Signature typed PD HOLSOM	or printed name of registe	ered agent and the if	applicable {f	NOTE Registered 13. 1.1 Tiff	Agent sign	ture required	d when rein	slating)			DATE S AND D	IRECTOR	S IN 12
SIGNATURE  12.  TITLE  NAME STREET ADDRESS	Signature typed PD HOLSOM	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable (f FORS DELETE	13. 1.1 Tiff 1.2 NAI	Agent sign LE ME	ture required	d when rein	slating)			DATE S AND D	PIRECTOR Change	S IN 12
11. Pursuant office or ragent. La SIGNATURE  12. ITLE NAME SIRIEL ADDRESS CITY-51-2IP	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable {f	13. 1.1 Tiff 1.2 NAI	Agent signs LE ME REET ADDRE Y-ST-ZIP	ture required	d when rein	slating)			DATE S AND D	IRECTOR	S IN 12
SIGNATURE  12.  IIILE  VAM:  SIFEET ADDRESS  CITY- ST- ZIP  TITLE  VAME	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable (f FORS DELETE	13. 1.1 T/II 1.2 NAI 1.3 STF 1.4 C/IT 2.1 T/II 2.2 NAI	Agent signs LE ME REET ADDRE Y-SY-ZIP LE ME	ture required	d when rein	slating)			DATE S AND D	PIRECTOR Change	S IN 12
SIGNATURE  12.  IIILE  NAM: STREET ADDRESS CITY - ST - ZIP TITLE  NAME STREET ADDRESS	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable (f FORS DELETE	13. 1.1 I/II 1.2 NAI 1.3 STF 1.4 CIT 2.1 TI/II 2.2 NAI 2.3 STF	Agent signs LE ME REET ADDRE Y- SY- ZIP LE ME REET ADDRE	ture required	d when rein	slating)			DATE S AND D	PIRECTOR Change	S IN 12
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY - ST - ZIP  THE  NAME  STREET ADDRESS  CITY - ST - ZIP	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable (P FORS DELETE	13. 1.1 I/II 1.2 NAI 1.3 STF 1.4 CIT 2.1 TI/II 2.2 NAI 2.3 STF 2.4 CIT	Agent signs LE ME SEET ADDRE Y-ST-ZIP LE ME REET ADDRE	ture required	d when rein	slating)			date S AND C C	PIRECTOR Change	S IN 12 Addillor
SIGNATURE  12.  TITLE  NAME  STREEL ADDRESS  CITY - \$1 - ZIP  TITLE  NAME  STREEL ADDRESS  CITY - \$1 - ZIP  LITLE	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable (f FORS DELETE	13. 1.1 I/II 1.2 NAI 1.3 STF 1.4 CIT 2.1 TI/II 2.2 NAI 2.3 STF	Agent signs  LE  ME  SEET ADDRE  Y-SY-ZIP  LE  ME  SEET ADDRE  IY-SY-ZIP  LE	ture required	d when rein	slating)			date S AND C C	PIRECTOR Change	S IN 12
SIGNATURE  12.  TITLE  VAM: STREET ADORESS CITY-ST-ZIP  TITLE  VAME STREET ADORESS CITY-ST-ZIP  UITLE  NAME	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable (P FORS DELETE	13. 1.1 T/TI 1.2 NAI 1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI	Agent signs  LE  ME  SEET ADDRE  Y-SY-ZIP  LE  ME  SEET ADDRE  IY-SY-ZIP  LE	ture required	d when rein	slating)			date S AND C C	PIRECTOR Change	S IN 12 Addillor
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  KITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable (P FORS DELETE	13. 1.1 T/TI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF	Agent signs  LE  ME  REET ADDRE  Y - ST - ZIP  LE  ME  REET ADDRE  REET ADDRE  IV - ST - ZIP  LE  ME	ture required	d when rein	slating)			date S AND C C	PIRECTOR Change	S IN 12 Addillor
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  STREET ADDRESS  CITY-ST-ZIP	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable (P FORS DELETE	13. 1.1 T/TI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF	Agent signs  LE  ME  SEET ADDRE  LE  ME  REET ADDRE  IY-ST-ZIP  LE  ME  REET ADDRE  REET ADDRE  ME	ture required	d when rein	slating)			DATE S AND C	PIRECTOR Change	S IN 12 Addillor
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable (PIORS DELETE	13. 1.1 T/TI 1.2 NAI 1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 T/TI 3.2 NAI 3.3 STF 3.4 CIT	Agent signs  LE  ME  SEET ADDRE  Y-ST-ZIP  LE  ME  REET ADDRE  IY-ST-ZIP  LE  ME  REET ADDRE  IY-ST-ZIP  LE  ME  REET ADDRE  IY-ST-ZIP  LE	ture required	d when rein	slating)			DATE S AND C	PIRECTOR Change Change	S IN 12 Addition Addition
SIGNATURE  12.  III/LE  NAME  STREET ADDRESS  CITY ST - ZIP  III/LE  NAME  STREET ADDRESS  CITY ST ZIP  III/LE  NAME  STREET ADDRESS  CITY ST ZIP  III/LE  NAME  NAME	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable (PIORS DELETE	13. 1.1 T/T/ 1.2 NAI 1.3 SIF 1.4 CIF 2.1 T/T/ 2.2 NAI 2.3 SIF 2.4 CIF 3.1 T/T/ 3.2 NAI 3.3 SIF 3.4 CIF 4.1 T/T/ 4.2 NAI	Agent signs  LE  ME  SEET ADDRE  Y-ST-ZIP  LE  ME  REET ADDRE  IY-ST-ZIP  LE  ME  REET ADDRE  IY-ST-ZIP  LE  ME  REET ADDRE  IY-ST-ZIP  LE	SS	d when rein	slating)			DATE S AND C	PIRECTOR Change Change	S IN 12 Addition Addition
SIGNATURE  12.  ITHE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITHE  STREET ADDRESS  CITY-ST-ZIP	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable (PIORS DELETE DELETE	13. 1.1 TITI 1.2 NAI 1.3 SIF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 SIF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 SIF 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT	Agent signi LE ME REET ADDRE Y-SY-ZIP LE ME REET ADDRE IY-SY-ZIP LE ME REET ADDRE IY-SY-ZIP LE AME	SS	d when rein	slating)			DATE S AND C	Change Change Change	S IN 12 Addition Addition Addition
SIGNATURE  12.  ITHE  NAME  STREET ADORESS CITY-ST-ZIP  ITHE	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable (PIORS DELETE	13. 1.1 T/TI 1.2 NAI 1.3 STF 1.4 CIT 2.1 T/TI 2.2 NAI 2.3 STF 2.4 CIT 3.1 T/TI 3.2 NAI 3.3 STF 4.4 CIT 4.1 T/TI 4.2 NAI 4.3 STF 4.4 CIT 5.1 T/TI 5.1 T/TI	Agent signs  LE  ME  REET ADDRE  Y-SY-ZIP  LE  ME  REET ADDRE  IY-SY-ZIP  LE  ME  REET ADDRE  IY-SY-ZIP  LE  ME  REET ADDRE  IY-SY-ZIP  LE  ME  REET ADDRE  Y-SY-ZIP  LE	SS	d when rein	slating)			DATE S AND C	PIRECTOR Change Change	S IN 12 Addition Addition
SIGNATURE  12.  ITHE  NAME  STREET ADORESS CITY-ST-ZIP  ITHE  NAME	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable (PIORS DELETE DELETE	13. 11 TITI 12 NAI 1.3 STF 14 CIT 21 TITI 22 NAI 23 STF 2.4 CIT 3.1 TITI 32 NAI 33 STF 34 CIT 41 TITI 4 2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI	Agent signi LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE IY-ST-ZIP LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE Y-ST-ZIP LE	SS	d when rein	slating)			DATE S AND C	Change Change Change	S IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable (PIORS DELETE DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF	Agent signi LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE IY-ST-ZIP LE ME REET ADDRE REET ADDRE REET ADDRE	SS	d when rein	slating)			DATE S AND C	Change Change Change	S IN 12 Addition Addition Addition
SIGNATURE  12.  TIPLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	applicable (PIORS DELETE DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF	Agent signi LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE REET ADDRE Y-ST-ZIP LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE ME REET ADDRE Y-ST-ZIP LE	SS	d when rein	slating)			DATE S AND C	Change Change Change	S IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	Applicable (PIORS   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE	13. 1.1 T/TI 1.2 NAI 1.3 STF 1.4 CIT 2.1 T/TI 2.2 NAI 2.3 STF 2.4 CIT 3.1 T/TI 3.2 NAI 3.3 STF 4.4 CIT 5.1 T/TI 5.2 NAI 5.3 STF 5.4 CIT	Agent signille.  LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE IY-ST-ZIP LE ME REET ADDRE IY-ST-ZIP LE ME REET ADDRE IY-ST-ZIP LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE IY-ST-ZIP LE	SS	d when rein	slating)			DATE S AND C	Change Change Change Change	S IN 12 Addition Addition Addition Addition
SIGNATURE  12.  TIPLE  NAME  STREET ADORESS  CITY-ST-ZIP	PD HOLSOM 1218 E L	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and the if	Applicable (PIORS   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAI	Agent signille.  LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE IY-ST-ZIP LE ME REET ADDRE IY-ST-ZIP LE ME REET ADDRE IY-ST-ZIP LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE Y-ST-ZIP LE ME REET ADDRE IY-ST-ZIP LE	SS	d when rein	slating)			DATE S AND C	Change Change Change Change	S IN 12 Addition Addition Addition Addition
SIGNATURE  12.  ITHE  NAME  STREET ADDRESS CITY-ST-ZIP  ITHE  NAME  STREET ADDRESS CITY-ST-ZIP	PD HOLSOM 1218 E L LAKE MA	OFFICER  BACH, H. D.  ANGLEY CT	ered agent and line #	Applicable (PIORS   DELETE   D	13. 11 TITI 12 NAI 13 SIF 14 CIT 21 TITI 22 NAI 23 SIF 2.4 CIT 31 TITI 4 2 NAI 43 SIF 44 CIT 41 TITI 42 NAI 53 SIF 54 CIT 61 TITI 62 NAI 6.3 SIF 64 CIT	AGONT SIGNAL  LE  ME  REET ADDRE  Y-ST-ZIP  LE  ME  REET ADDRE  REET ADDRE  RY-ST-ZIP  LE  ME  REET ADDRE  Y-ST-ZIP  LE	ture required	d when rein	siatro) DITIONS/CHA	NGES TO O	FFICER	S AND C	Change Change Change Change	S IN 12 Addition Addition Addition Addition Addition

SIGNATURE:

REQUIFFED. Holsombach

407330 3238

**FILED** 

Apr 28 1997 8:00am

Secretary of State