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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 24 1997 8:00am Secretary of State

1920 DEAN I	ce of Business RD LE FL 32216	Mailing Address 87 TALLWOOD ROAD JACKSONVILLE BEACH US	FL 32250-2924			
				<ol> <li>Date Incorporated or Qualified 05/23/1990</li> </ol>	3a. Date of La 03/19/19	
	Pace of Business	28. Mailing Address		4. FEI Number		Applied For
Suite: Apt	# 610	Suito, Apt #, etc.		59-3014987	_ \$8:	Not Applicable  75 Additional
22	<i>"</i> , ca.	27		5. Certificate of Status Desired		e Required
City & Stat	1e	City & State		Election Campaign Financing     Trust Fund Contribution		00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25	29	30	Florida Statutes	Yes No	*******************************
N/	<ol> <li>Name and Address of Curre DE, WILLIAM G., JR.</li> </ol>	ent Registered Agent	81 Name	10. Name and Address of New R	legistered Agent	
	DE, WILLIAM G., JR. D9 ATLANTIC BLVD.					****
	JITE 6		82 Street Add	dress (P.O. Box Number is Not Accepta	able)	ì
	TLANTIC BEACH FL 32233		83			
			84 City		FL  85	Zip Code
agent. La SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obli	igations of, Section 607.0505, F	laumonzed by the corporationals	ation's board of directors, I hereby acce	ebt tue abbointmen	it as registereo - į
	Signature it gradion printed name of high-brind a		PIE Registered Agent signature req		DATE	د الله و الله الله و الله الله و الله الله
12.	OFFICERS A	special of the Happicative. (NC ND DIRECTORS			DATE ICERS AND DIREC	
not) F	OFFICERS A	aport and title if applicable. (NC	PIE Fingislered Agent signature req	pired when reinstating)	DATE	TORS IN 12
TITLE NAME	OFFICERS A  DVS RIECHMANN, KEITH RO CAKWOOD BOAD	special of the Happicative. (NC ND DIRECTORS	DIE Fingisterso Agent signature req 13. 1.1 TITUE 1.2 NAME	pired when reinstating)	DATE ICERS AND DIREC	TORS IN 12
TITLE NAME SYREEL ADORESS	OFFICERS A  DVS RIECHMANN, KEITH RO CAKWOOD BOAD	special of the Happicative. (NC ND DIRECTORS	13. 1.1 TITUE 1.2 NAME 1.3 STREET ADDRESS	pired when reinstating)	DATE ICERS AND DIREC	TORS IN 12
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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.

SIGNATURE: