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

Ţ.	Corporation	a Name	# L93588 CORPORATION		(6)									
ъ,	inninal P.ac.	o of Business		-										
Principal Place of Business 1202 BUTCH CASSIOY TRL WIMAUMA FL 33598 US				P. O. I	Mailing Address P. O. BOX 5095 SUN CITY CENTER FL 33571-5095 US									
										3. Date Incorporated or Qualifi 08/13/1990	ed	3a. Date o 04/25/		eport
2.	Principal Pi	lace of Busi	ness	2a. Ma	2a. Mailing Address					4. FEI Number				plied For
21					26								t Applicable	
1	Suite Apt	ite Apt #, etc			Suite, Apt. #, etc.						1	3		Additional
22					27					5. Certificate of Status Desired	į.		Fee Re	guired
Ĺ.,	City & State	& State			City & State					6. Election Campaign Financing			\$5.00	May Be
23			,	28						Trust Fund Contribution	[Added t	o Fees
<u> </u>	Zip					_	Country			8. This corporation has liability for intangible tax under s. 199 032 Florida Statutes Yes No				199.032,
24		O Name	25 and Address of Curren	29	d Agent	30				Florida Statutes 10. Name and Address of New				
	TA 1			i neglatere	u Agent		B1	Name	 ,	IV. Halife and Addiese of New	riogia	I GI GO NY	111	
	TONGER, RICHARD A.													
1202 BUTCH CASSIDY TRAIL WIMAUMA FL 33598							82	Street	Addre	ess (P.O. Box Number is Not Acce	płabie)	l		
HIMMUMA CL 33080							B3							
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						1	B4	City				FL	15 Zip (
11	. Pursuant	to the provis	sions of Sections 607.0502	2 and 607.1	508, Florida Stat	ove	-named	corpo	pration submits this statement for ton's board of directors. I hereby a	he purj	pose of chi	anging it	s registered	
	office or r agent ∃a	egistered aç m familiar w	gent, or both, in the State rith, and accept the obliga	of Florida. S ations of, Se	such change was ction 607.0505, I	s authorized Florida Statu	by Ites	the corp	poratio	on's board of directors. I hereby a	ccepit	he appoint	ment as	registered
l	GNATURE													
	·····	Signarine typis	sor printed name of registered age:				Age	nt signature	e require	d when reinstating)		DAYE		
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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 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: Richard & Enge Pichand N. To Doen 4-7-97 6/3-683-029

P2E034 (9/96)

FILED

Apr 10 1997 8:00am

Secretary of State