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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # P19629

(5)

Preicipal Plac 3613 NORTH I PENSACOLA F US		Mailing Address 3613 NORTH PALAFOX ST PENSACOLA FL 32505-523 US				
				3. Date Incorporated or Qualified 06/14/1988	3a. Date of La 05/01/199	
2. Principal F	hace of Business	2a. Mailing Address		4. FEI Number	7 00/0 1/ 100	Applied For
1		26	4	63-0956892	ļ	Not Applicable
. Suite Apt. ≱	# eb:	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional e Required
City & Stat	60	City & State		B. Election Campaign Financing     Trust Fund Contribution		.00 May Be
Zφ	Country	Zip	Country	8. This corporation has liability fo	r intangible tax und	
· i	25 25 Name and Address of Currer	29	30	Florida Statutes  10. Name and Address of New R	Yes No	
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	SSE, GERALD E. 17 BEECHWOOD DR.			dress (P.O. Box Number is Not Accepta	ahle)	
	ISACOLA FL 32514		OF Sheet Add	Jiess (7 .O. Box Milline) is Not Accepte	aulej	
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			84 City		85	Zip Code
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	irii tamiliar with, and accept the oblig	rations of, Section 607.0505, Flo	orida Statutes.	rporation submits this statement for the ation's board of directors. I hereby according to the control of the c	epi ine appointmer	nt as registered
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• For neverty current the information supplied with this filling 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:

THAT THE OF PHINTED NAME OF SIGNING OFFICER OR SHECTOR . HESSE

138/97 904

**FILED** 

May 07 1997 8:00am

Secretary of State

904-433-9600 Dayting Phone #

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