SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 11 1997 8:00am Secretary of State

Corporation Name	#	P93000021485	(6)
4720 RIVERVIEW	/ RC	III EVARD CORPORATION	

4/20 HIVE	KAIEAA E	SOULEVAND	CORPORATION	N

Principal Place of Business	Mailing Address		T TOUR TOUR THE TOP OF THE TOUR OF THE TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	!
1432 FIRST STREET	1432 FIRST STREET		· ·	
C CARACOTA EL CARGO	C		DO NOT WRITE	IN THIS SPACE
SARASOTA FL 34236 US	SARASOTA FL 34236 US		3. Date Incorporated or Qualified	3s. Date of Last Report
•			03/23/1993	04/26/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0395120	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			Fee Required
23	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has pal-	
24 25	29	30	Personal Property Tax due June	
9. Name and Address of Current I	Registered Agent		10. Name and Address of New Reg	Istered Agent
CASELLA, ROBERT M		81 Name CAS	ELLA, RODERT M.	
1432 FIRST STREET, SUITE C		82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)
SARASOTA FL 34236		83 701 F	INDEAWAY BAY DRIVE	
		83		
1.1		84 City	TEN TRODO	FL 85 Zip Code 3 1228
11. Pursuant to the provisions of Societies 607.01.02	and 607,1508, Florida Statute	es, the above-named corp	poration submits this statement for the pu	rpose of changing its registered
11. Pursuant to the provisions of Solities 607 0102 office or registered agent, or white in the State of agent. I am familial with, and procept the orthigati	Horida, Such change was a	uthorized by the corporat	ion's board of directors. I hereby accep-	t the appointment as registered
SIGNATURE	010 01, 00011011 007,10000, 710	PODERT M. C.		7/43
Signature, typed or printed name of registered agent	and little if applicable. (NO1L	Registered Agent signature requir	ed when reinstaling)	DATE
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	COO AND DIDECTORO III 40
	——————————————————————————————————————		7.DOTTOTOTOTINITALO TO OTTIO	
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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 of true 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 additional with an address.