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**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000036673 (8)

## **FILED** May 07 1997 8:00am Secretary of State

1055 NURSER1 #105		h	Mailing Address 74 SHERIDAN AVE ONGWOOD FL 327								
WINTER SPRINGS FL 32708 US						3. Date incorporated or 05/05/1995	Qualified	3a. Date o		eport	
	lace of Business		Mailing Addres	5			4. FEI Number				plied For
1 405	N. Highway 17	-92 26	·				59-3320160				! Applicabl
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	Desired	\$8.75 Add			
2 -6-0 nq City & Stal		21	L City & State	, <del></del>	·		6. Election Campaign F	inarcino		\$5.00	<del></del>
	wood FL	28	]				Trust Fund Contribut	•	□ '	Added to	
Zip ,	J Country	_	Zip	Cou	ntry		8. This corporation has	liability for inf	tangible tax		
3275		SA 28		30			Florida Statutes		Yes K	lo	
	9. Name and Address o	of Current Regi	Istered Agent				10. Name and Address	of New Regi	stered Age	nt	
MO	INE, JOSEPH A				81 1	Name					
	SHERIDAN AVE.				82 3	Street Addr	ress (P.O. Box Number is No	ot Acceptable	9)		
LON	NGWOOD FL 32750				83						
				ĺ	84 (	City			FL 8	5 Zip (	Code
1 Durguard	to the provisions of Sections registered action, or both in t am familial with, and deport t	: 607 0502 and	607 1508 Florida	Statutes the et	nove-n	amed corr	noration submits this statem	ent for the nu		anging its	e renistere
	41							****	DATE	••••	
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I have any machine minimized with this initing does not quality for the exemption stated in Section 119,07(3)(f), 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 12 or on an attachment with an address.

SIGNATURE: