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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

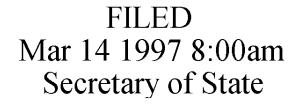
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

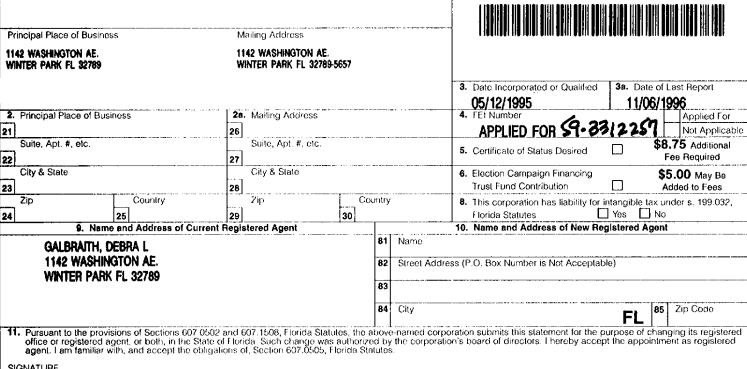
POCUMENT # P95000038023 (4)

GALBRAITH & ASSOCIATES, INCORPORATED

Principal Place of Business Mailing Address 1142 WASHINGTON AE 1142 WASHINGTON AE. WINTER PARK FL 32789-5657 WINTER PARK FL 32789



A-11-91



SIGNATURE Signature, typed or printed name of registered agreet and title diapplicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DOLLETE Change Addition TITLE 1.1 3011.8 NAME GALBRAITH, DEBRA L 1.2 NAME 1142 WASHINGTON AE. STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 1.4 C(TY - \$1 - Z)F DELETE Change Addition TITLE 2.1 1111.8 NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CHY+S1-2P CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - S1 - Z(P DELFTE Change ___ Addition 5.1 TILLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 61 TILLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIF CITY-ST-ZIP

14. 1 do herby certify that 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 rose or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my same appears in Block 19 of Block 13 or prin attachment with an address.