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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068666 (3)

FILED Apr 24 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address			f Darko Karol fikter oktiv otika	Milit Affat
8403 MARIA DRIVE HOLMES BEACH FL 34217	8403 MARIA DRIVE HOLMES BEACH FL 34217-10	094			
			3. Date Incorporated or Qualified	3a. Date of Last Re	anast 7
			09/05/1995	09/30/1996	epon
2. Principal Place of Business	2a. Mailing Address	11720	4. FEI Number		plied For
21 100 5 BAY BLVD	26 P.O. Box Suite, Apt. #, etc	4329	APPLIED FOR 65-06	¢0.75	t Applicable
Suite, Apt #, etc 22 C174 PIER	27		Certificate of Status Desired	Fee Re	
City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23 ANNA MARIA FL	28 FINNA MAR		Trust Fund Contribution	Added t	
71p Country 25 USA	29 34216·4329 3	Country	This corporation has liability for Florida Statutes	intangible tax under s. ☑ Yes ☐ No	. 199.032,
g. Name and Address of Current			10. Name and Address of New Ro		
CURTIS, CLINTON C		81 Name	TON A. CURTIS	L	ļ
101 SIXTH STREET NW,		82 Street Add			
WINTER HAVEN FL 33881		63			
		84 City		FL	Code
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation	and 607.1508, Florida Statutes of Florida Such change was au ions of, Section 607.0505, Flori	s, the above-named corporation in the corporation of the corporation o	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing it pt the appointment as	s registered registered
SIGNATURE Signature Typed or printed name of legisterod agont					
		Registered Agent signature requi		DATE	
12. OFFICERS AND	DIRECTORS	13.	ited when feinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 12
12. OFFICERS AND THE PD		13. 1.1 TITLE			S IN 12
12. OFFICERS AND THE PD NAME HORNE, JOHN C	DIRECTORS	13. 1.1 TITLE 1.2 NAME		CERS AND DIRECTOR	S IN 12
12. OFFICERS AND THE PD	DIRECTORS	13. 1.1 TITLE		CERS AND DIRECTOR	S IN 12
12. OFFICERS AND	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		CERS AND DIRECTOR	
12. OFFICERS AND TIBLE PD NAME HORNE, JOHN C STREET ADDRESS 8403 MARIA DRIVE CITY: ST-7IP HOLMES BEACH FL 34217 TITLE VD NAME SEAY, PHILIP	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		CERS AND DIRECTOR Change	S IN 12 Addition Addition
12. OFFICERS AND THE PD NAME HORNE, JOHN C STREET ADDRESS CITY-ST-ZIP HOLMES BEACH FL 34217 THE VD NAME SIREET ADDRESS SEAY, PHILIP STREET ADDRESS 4320 SMOKY ROAD	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		CERS AND DIRECTOR Change	S IN 12 Addition
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12. OFFICERS AND THE PD NAME HORNE, JOHN C STREET ADDRESS CITY-ST-ZIP HOLMES BEACH FL 34217 THE VD NAME SEAY, PHILIP STREET ADDRESS CITY-ST-ZIP HOLMES BEACH FL 34217 THE ST ZIP HOLMES SEAY, PHILIP ST ZIP SEAY, PHILIP THE ST ZIP NEWNAN GA 30263 THE STD	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		CERS AND DIRECTOR Change	S IN 12 Addition Addition
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12. OFFICERS AND THE PD NAME HORNE, JOHN C STREET ADDRESS CITY - ST - ZIP NAME SEAY, PHILIP STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP TRUE NAME STD HORNE, LYNN D SR STREET ADDRESS P.O. BOX 797 N/A	DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE		CERS AND DIRECTOR Change Change	
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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 eath; that I am an officer or director of the corporation or the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or op an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/97

941.778.0475

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