FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham *

Secretary of State

APPROVED AND FILED

1997 OCT -2 PM 3: 46

	1997	DIVISION OF CC	DRPORATIONS	OFFICE A DV OF CYAT	r
DOCU 1. Corporation	MENT # P95000	\$6289		SECRETARY OF STAT TALLAHASSEE, FLORI	ĎA
THE	PEACH AND THE	: Paun, In	IC.		
Principal Plac	ce of Business	Mailing Address		-	• · · · · · ·
1615	LAIRD ST	1615 LALLLA	57		
	•	_			
KEY !	JEST FL	Key west	/	3. Date Incorporated or Qualified	3a. Date of Last Report
	33 040	1 2 2 2 4 1 1	33040	- F512	ļ
2. Principal P	Place of Business	2a. Mailing Address	LD 57	4. FEI Number	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	"WEST FL	City & State	ST PC	6. Election Campaign Financing	\$5.00 May Be
Zip.		28 0	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
Zip 33.	sto 25 Monroe	29 33840 3	MOURDE	· · · · · · · · · · · · · · · · · · ·	Yes No
	9. Name and Address of Current F	legistered Agent		10. Name and Address of New Reg	stered Agent
Rno	er G. Em	A	81 Name		
		70M2	82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)
1612	TLAIRD ST.		83		
125	Y WEST IZL	23040	84 City		■ 85 Zip Code
					FL
11. Pursuant office or	to the provisions of Sections 607.0502 a registered agent, or both, in the State of	nd 607.1508, Florida Statutes Florida, Such change was au	 the above-named corp thorized by the corporati 	oration submits this statement for the pi ion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
agent, 1 a	am familiar with, and accept the obligation	ins of Section 607.0505, Flori	da Statules.	,	
SIGNATURE	Signature, typed or printed name of registered agent a	rid tille Happhoabin (NOTE I	Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AND D	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
THTLE	PIUCSIEGAT	☐ DELETE	1.1 TITLE		Change
NAME	ROGER G. EMA	LONS	1.2 NAME		
STREET ADDRESS	LEYWEST EL	33040	1.3 STREET ADDRESS	7000023	3112678
CITY-ST-ZIP TITLE	VICLE PARSIPER		1.4 CITY-ST-ZIP 2 1 TITLE	-10/03.	797-01073-0140iio
NAME	KENNETH L G		2.2 NAME	****11	
STREET ADDRESS	KEY WEST E		2 3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST P		2 4 CITY-ST-ZIP	9,000	
TITLE	•	☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	1		3 3 STREET ADDRESS 3 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELFTE	4.1 TITLE		☐ Change ☐ Addition
NAME _	1		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - 2IP		
TITLE D		DELETE	5.1 TITLE		Change Addition
: NAME	l		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		$\cap \wedge \mid$
CITY-ST-ZIP TITLE		☐ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Charles No Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1010

CITY-ST-ZIP

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 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.

ROCERG. EMMONS

CITY-ST-ZIP