

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF
Sandra B. Mor
Secretary of
DIVISION OF CORPORATIONS

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Principal Place of Business	Mailing Address
7030 HALF MOON CIRCLE HYPOLUXO FL 33462	7030 HALF MOON CIRCLE HYPOLUXO FL 33462-5400

3. Date Incorporated or Qualified 04/05/1996		3a. Date of Last Report N/A	
4. FEI Number 65-0656165		☒	Applied For
		☐	Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
10. Name and Address of New Registered Agent			

REED, ANDREA E
7030 HALF MOON CIRCLE
HYPOLUXO FL 33462

31	Name
32	Street Address (P.O. Box Number is Not Acceptable)
33	
34	City
	FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, three-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Andrea Reed
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Regent signature required when reinstating)

DATE April 28, 1997

[illegible]

1		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME		☐ Change	☐ Addition
STREET ADDRESS			
CITY - ST - ZIP		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP		☐ Change	☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED Chris Reed April 28, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo. Phone #

Date _____

Day: Phone:

CR2E034 (9/96)