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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # P960000576

I that k	lks 13 ch	.71								
33785						3. Date incorpora	ed or Qualified	3a. Date	ol Last Fi	eport
2. Principal Place of E		2a. Mailing Address	<u> </u>			4. FEI Number	1-21.10		T FAR	plied For
21		26	26			59-	36895	578		t Applicat
Suite, Apt. #, etc.	······································	Suite, Apt. #, etc.	Suite, Apt. #, etc.						\$8.75	
22		27	27			5. Certificate of St	atus Desired		Fee Re	
City & State		City & State				6. Election Campa	lon Financino	*	\$5.00	- `
23	<i>.</i> .	28				Trust Fund Con			Added t	
Zip .	Country	Zip	Country			8. This corporation	n has fiability for k	ntangible tax		
24 .	25	29	30			Florida Statutes] Yes 🛄 t	No	
9. No	ame and Address of Curre	nt Registered Agent		<u> </u>		10. Name and Add	Iresa of New Reg	alstered Agr	ınl	
HASTINGS, DAVID C				81	Name					
19941 GULF BOULEVARD #E				Βž	Street Addr	ess (P.O. Box Number	is Not Accepteb	la)		
INDIAN SH		5,,,,,,,,,,								
				B3						
				84	City			E. 1	16 ZIP (Corle
11. Pursuant to the pr	I D di con ori			<u> </u>				FL	چجر	<u> 785</u>
office or registered agent. I am familia	d agent, or both, in the State or with, and accept the oblig	02 and 607,1508, Florida Stat. e of Florida. Such change was pations of, Section 607,0505, F	authorize Forida Sta	id by	the corporati	ion's board of director	atement for the pr s. I hereby accep	it the appoint	anging ni Iment as	registered
Signature,	typed or printed name of registered au	ont and title it applicable. (NC) E: Registere	d Ago	ni signalure require	ed when reinstaling)		DATE		
12. OFFICERS AND DIRECTORS			13.	13.		ADDITIONS/CHA	NGES TO OFFIC	ERS AND DI	RECTOR	S IN 12
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CITY 61 710				e delty et 700		₩ -05/20/	/9701003	3~~UU 3		

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.9R3(ii). Horida 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; if 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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

May 08 1997 8:00am