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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997	DIVISION OF C	CORPORATIONS			
	MENT # \$819 PRODUCTS, INC.	56 (2)			ÁÍBJI ŘÍÐI ÞIBU ÐIÐU BIÐU BIÐU	(6.4)
Orinainal Orac	ce of Business	Mailing Address				
,		· ·		4		•••
12US GENEHAL 17	ELECTRIC RD	P O BOX 1108 PLYMOUTH FL 32768-1108				
LYMOUTH FL	32768	US		3. Date Incorporated or Qualified	3a. Date of Last Report	
IS			. 1	09/20/1991	04/29/1996	1
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied	d For
1		26		59-3088842	Not App	plicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additi	
2		City & State			Fee Require	
City & Star	æ	26		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fee	
Zip	Country	Zip	Country	This corporation has liability for		
أ [ أ	25	29	30	Florida Statutes	☑ Yes ☐ No	
	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Re	gistered Agent	
	l, beverly g.		81 Name			
	3 GENERAL ELECTRIC ROA	D	82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)	
_	te seven		63			
PLY	Mouth FL 32768		100			
			84 City		FL 85 Zip Code	)
office of agent. La SIGNATURE	421111-731-73	obligations of, Section 607.0505, Flo	turnorized by the corporatorida Statutes.  Registered Agent signature requires	coration submits this statement for the price ion's board of directors. I hereby accepted when reinstaling)	424197	stered
12.	OFFICER	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
HILE	P	☐ DELETE	1.1 TITLE		Change	Addition
NAME	DOLL, BEVERLY G.	·	1.2 NAME			
STREET ADORESS	3203 GENERAL ELECTRIC	) #1	1.3 STREET ADDRESS			
DITY - ST- 7)P NILE	PLYMOUTH FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition
IAME			22 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
DITY-ST-ZIP	}		2.4 CITY-ST-ZIP			
ITLE		☐ DELETE	3.1 TITLE		☐ Change, ☐	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHTY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change	Addition
HILE		L_J DELETE	4.1 TITLE		L Change L	1 WOOIIIOL
NAME Etheri Annbros			4. 2 NAME 4.3 STREET ADDRESS	1		
STREET ADORESS City+St+Zip	1		4.4 CITY-ST-ZIP			
TiTLE	\	DELETE	5.1 TITLE	<del></del>	Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
City - St - ZIP			5.4 CITY-ST-ZIP		·····	<del>,</del>
TILE		☐ DELETE	6.1 TITLE		Change [	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City - St - ZiP	i		6.4 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 of Block 13 if changed or on an attachment with an address.

SIGNATURE

\_\_\_\_

407-886-6079

**FILED** 

May 02 1997 8:00am

Secretary of State