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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

\	JAL REPORT 1997		Secretary of State DIVISION OF CORPORATIONS				Secretary of State					
1. Corporation	MENT # S		(2)									
	, , , , , , , , , , , , , , , , , , , ,											
Principal Place of Business			Mailing Address				1 10011010 119 19117 01191 01111 1000			IBII BIBII BIBII		
8905 AIA S 32086 32084			8805 AIA S 32086 32084									
							ı	Date Incorporated or Qualifit 1/25/1991	ied		ate of Last F 16/1996	leport
	lace of Business		2a. Mailing Address	· 				El Number		مانستسله	A	pplied For
Suite, Apt #, etc.			Suite, Apt #, etc.				59-3095011				ot Applicable Additional	
22			27			5.	Certificate of Status Desired	j			Additional equired	
City & State	9		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Соц	Zip	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,					
24	25 29 30 9. Name and Address of Current Registered Agent				0			lorida Statutes			No	
		dress of Current F	legistered Agent		81	Name	10.	Name and Address of Nev	v Keg	istered	Agent	
	asso, Jerry A. 5 aia s			Ĺ								
	NUGUSTINE FL 32	086		i	62	Street Add	dress (P.	D. Box Number is Not Acce	ptable	a)		
)				Ì	83						***************************************	
				}	84	City					85 Zip	Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida States.						•			<u> </u>	FL	. ' '	to seciotave d
office or r	to the provisions of a egistered agent, or t	sections 607,0502 a both, in the State of	Florida Such change was	authorized	d pa	-named cor the corpora	rporation ation's bo	eard of directors. I hereby a	iccept	rpose of	ointment as	registered
	m tamillar with, and i	accept the obligate	ons of, Section 607,0505, F	iorioa Stati	utes.							
SIGNATURE	Signature, typed or ponted	name of registered agents	ind title if applicable (NO	TE Registered	i Agen	t signature requ	uired when r	einstating)		DATE		
12.		OFFICERS AND I		13.			A	DDITIONS/CHANGES TO C	FICE	ERS AND		***************************************
TRILE	P GALASSO, JERRY A		DELETE		1.1 TITLE 1.2 NAME						Change	Addition
NAME STREET AUDRESS	8805 AIA S	u n				ADORESS						
CITY - ST - ZIP	ST AUGUSTINE	FL		1.4 CITY-\$T-Z								
TITLE	Ť		DELETE								Change	Addition
NAME	GALASSO, JOAI		2.2 NAME									
STREET ADDRESS	8805 AIA S			23 \$1	REET A	ADDAESS						
CITY-ST-ZIP	ST AUGUSTINE	†L	Drivte	2 4 Cf		1-ZIP					Channe	Addition
THILE NAME			☐ DELETE	3.1 TIT 3.2 NA					. *		∐ Change	T MORROOL
STREET ADDRESS						ADDRESS			:	. 0		
City-St-ZiP				3.4. CF		l l						
TITLE			☐ DELETE	4.1 1/1	LE						Change	Addition
NAME				4. 2 NA								
STREET ADDRESS						NODRESS						,
TITLE			DELETE	4.4 CH 5.1 TrT		- ZIP					Change	Addition
NAME			Record or record of	5.2 NA		ļ						
STREET ADDRESS						ADDRESS						
CHTY - ST - ZIP				5.4 CIT								
THEE			DELETE	61 TIF	LE						Change	Addition
NAME				62 NA								
STREET ADDRESS						ADDRESS						i
CITY-ST-ZIP				6.4 CIT	IY-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

SIGNATURE:

HEGUIPED AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED

May 01 1997 8:00am