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

trincipal Place 1703 W. AZEEL FAMPA FL 336 JS	LE ST	Ма Р. (RP. silling Address D. BOX 68 DESSA FL 33556-006	8				
,,,					3. Date Incorporated or Qualified		te of Last F 11/1996	leport
Principal Pi	ace of Business	28.	Mailing Address		01/14/1992 4. FEI Number	IUI		pplied For
]		26	,		59-3100073		<u> </u>	ot Applicable
Suite, Apt.	#, elc		Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional
}		27						equired
City & Stal€	9		City & State		6. Election Campaign Financing	п		May Be
7 _{IP}	Country	28	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	intangible:		to Fees
}	25	29		30			No	s. 199.032,
1	9. Name and Address of Co		lered Agent		10. Name and Address of New Ro			
	/AK, MICHAEL T			81 Name				
	5 ROBERTS RD.			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	·····	
ODE	essa fl 33556			83	·	·		
				03				
				84 City		FL	85 Zip	Code
1. Pursuant f	to the provisions of Sections 60	7 0502 and 60	07.1508 Florida Sta	tutes the above-pamed cor	rogration submits this statement for the		changing i	ts registered
office or n	egistered agent, or both, in the	State of Floric	da Such change wa	as authorized by the corpora	etion's board of directors. I hereby acce	pt the appx	pintment as	registered
orient Lea			Coation 607 ACOE	Ciorida Ctatutan	ation a court of directors. Thereby acce			
		obligations of	, Section 607.0505,	Florida Statutes.	rporation submits this statement for the alion's board of directors. I hereby acce			
SIGNATURE	Signature, typed or printed name of register			Fiorida Statutes.		DATE	····	
IGNATURE	Signature, typical or printed name of register		if applicable if			DATE	DIRECTOR	RS IN 12
IGNATURE	Signature, typed or printed name of register OFFICERS	red agent and litte	if applicable (f	NOTE: Registered Agent signature raqu	uired when reinslatng)	DATE		RS IN 12
SIGNATURE 2. IILE AME	Signature, typics or printed name of register OFFICERS PD NOVAK, MICHAEL T	red agent and litte	if applicable if	NOTE: Registered Agent signature raques 13. 1.1 TITLE 1.2 NAME	uired when reinslatng)	DATE	DIRECTOR	RS IN 12
EIGNATURE 2. IILE AMF IRFE ADDRESS	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	if applicable if	NOTE: Registered Agent signature raqu 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinslatng)	DATE	DIRECTOR	RS IN 12
IGNATURE 2. ILE AMF IREE ADDRESS ITY: \$1-ZIP	Signature, typics or printed name of register OFFICERS PD NOVAK, MICHAEL T	red agent and litte	J'applicable (P ΣΤΟRS ☐ DELETE	NOTE: Registered Agent signature raqu 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinslatng)	DATE CERS AND	DIRECTOR Change	RS IN 12
2. ILLE AMIF DREEL ADDRESS ITY-\$1-2IP ILLE	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	if applicable if	NOTE: Registered Agent signature raqu 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	uired when reinslatng)	DATE CERS AND	DIRECTOR	RS IN 12
Z. ILE AME REET ADDRESS ITY ST-ZIP ILE AME	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	J'applicable (P ΣΤΟRS ☐ DELETE	NOTE: Registered Agent signature rage 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	uired when reinslatng)	DATE CERS AND	DIRECTOR Change	RS IN 12
Z. LLE MMF REET ADDRESS TY: \$1-ZIP LLE AME REET ADDRESS	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	J'applicable (P ΣΤΟRS ☐ DELETE	NOTE: Registered Agent alignature regis 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired when reinslatng)	DATE CERS AND	DIRECTOR Change	RS IN 12
IGNATURE 2. ILLE AME INFET ADDRESS ITY ST ZIP ILE AME TREET ADDRESS ITY ST ZIP	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	J'applicable (P ΣΤΟRS ☐ DELETE	NOTE: Registered Agent signature rage 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	uired when reinslatng)	DATE CERS AND	DIRECTOR Change	AS IN 12 Addition
Z. ILLE AME IREE ADDRESS ITY ST - ZIP ITLE AME TREET ADDRESS ITY ST - ZIP ITLE	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	V applicable (F	NOTE: Registered Agent alignature registration. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	uired when reinslatng)	DATE CERS AND	DIRECTOR Change	AS IN 12 Addition
CIGNATURE 2. IILE AMF IREE ADDRESS ITY - \$1 - ZIP	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	V applicable (F	NOTE: Registered Agent alignature requirements. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	uired when reinslatng)	DATE CERS AND	DIRECTOR Change	AS IN 12 Addition
SIGNATURE 2. IILE AME IREE I ADDRESS IITY - ST - ZIP IILE ITHE I ADDRESS ITY - ST - ZIP IILE ITHE ITHE	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	Vappicable IP CTORS DELETE DELETE	NOTE Registered Agent alignature requirements 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	uired when reinslatng)	DATE CERS AND	DIRECTOR Change Change	AS IN 12 Addition
CONTROL OF	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	V applicable (F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	uired when reinslatng)	DATE CERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 2. IIILE AME IREE ADDRESS ITY ST - ZIP IILE ITHEE ADDRESS ITY - ST - ZIP IILE ITHEE ADDRESS ITY - ST - ZIP IILE IAME ITHEE ADDRESS ITHEE ADDRESS ITHEE ADDRESS ITHEE ADDRESS	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	Vappicable IP CTORS DELETE DELETE	NOTE Registered Agent alignature requirements 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	uired when reinslatng)	DATE CERS AND	DIRECTOR Change Change	Addition
IGNATURE 2. ILE AME IREE LADDRESS ITY ST-ZIP ILE AME ITHE ADDRESS ITY ST-ZIP ILE AME IREE LADDRESS ITY ST-ZIP ILE AME IREE LADDRESS ITY ST-ZIP ILE AME	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	Vappicable IP CTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	uired when reinslatng)	DATE CERS AND	DIRECTOR Change Change	Addition
2. ILLE AME TREET ADDRESS ITY: ST-ZIP ILLE AME	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	U applicable POTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	uired when reinslatng)	DATE CERS AND	DIRECTOR Change Change Change	Addition Addition
IGNATURE 2. ILE AME IREE I ADDRESS ITY - ST - ZIP ILE AME ITEE I ADDRESS ITY - ST - ZIP ILE AME ITEE I ADDRESS ITY - ST - ZIP ILE AME ITEE I ADDRESS ITY - ST - ZIP ITEE I ADDRESS ITY - ST - ZIP ITEE ITEE I ADDRESS ITY - ST - ZIP ITEE	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	Vappicable IP CTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE	uired when reinslatng)	DATE CERS AND	DIRECTOR Change Change	Addition Addition
IGNATURE 2. ILLE WHE REEL ADDRESS TY-SI-ZIP ILLE WHE IRLE ADDRESS TY-SI-ZIP ILLE WHE WHE ILLE WHE WHE ILLE WHE WHE WHE WHE WHE WHE WHE	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	U applicable POTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	uired when reinslatng)	DATE CERS AND	DIRECTOR Change Change Change	Addition Addition
IGNATURE 2. ILLE WHE REEL ADDRESS TY- ST-ZIP ILLE WHE REEL ADDRESS TY- ST-ZIP ILLE WHE REEL ADDRESS TY- ST-ZIP ILLE WHE WHE ILLE WHE WHE ILLE WHE WHE ILLE WHE WHE WHE WHE WHE WHE WHE	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	U applicable POTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	uired when reinslatng)	DATE CERS AND	DIRECTOR Change Change Change	Addition Addition
IGNATURE 2. ILE AME IREE LADDRESS ITY-SI-ZIP ILE AME ITEEL ADDRESS ITY-SI-ZIP ILE AME ITY-SI-ZIP ILE ITY-SI-ZIP	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	U applicable POTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	uired when reinslatng)	DATE CERS AND	DIRECTOR Change Change Change	Addition Addition
CNATURE L L L L REELADDRESS TY-ST-ZIP L L REELADDRESS TY-ST-ZIP L L L L L L L L L L L L L	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	uired when reinslatng)	DATE CERS AND	DIRECTOR Change Change Change	Addition Addition
2. ILLE AME TREET ADDRESS ITY- ST- ZIP ITLE AME TREET ADDRESS ITY- ST- ZIP ITLE AME TREET ADDRESS ITY- ST- ZIP ITLE ITME ITME ITME ITME ITME ITME ITME ITM	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	uired when reinslatng)	DATE CERS AND	DIRECTOR Change Change Change	Addition Addition Addition
Z. ILE AME IREE LADDRESS ITY-ST-ZIP ILE AME ITY-ST-ZIP ILE ITY-ST-ZIP ITEE	PD NOVAK, MICHAEL T 8805 ROBERTS RD.	red agent and litte	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	uired when reinslatng)	DATE CERS AND	DIRECTOR Change Change Change	Addition Addition Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME SCIONING OFFICE OF DR

Nichael T. Novak

4/21/97 813-236-8681

FILED

Apr 29 1997 8:00am

Secretary of State

1 147034