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 CORPO			ATIC	ONS	Secretary of State			
1	UMENT # 68 On Name On Name	30353 CORPORATIO	(O)			7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		J		
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Principal Place of Business			Mailing Address					LI WANTE DIVE	DIDLI GLEH GIGH	ELDEL FOLL
120 International Parkway Suite 236			120 International Parkway Ste 236							
HEATHROW FL 32746			HEATHROW FL 32746-5033							
			U\$				3. Date Incorporated or Qualified		ate of Last R	eport
2. Principal	Place of Business		2a. Mailing Address				07/30/1980 4. FEI Number	VI	/22/1996 Ar	plied For
21		ļ	26				59-2011992		P	t Applicable
Suite, Ap	t #,elc		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22	- 4 -	3	27							equired
City & Sta	ate	ļ.	City & State				Election Campaign Financing Trust Fund Contribution	П	\$5.00	May Be to Fees
Zip	Countr		Zip	Cou	intry	· · · · · · · · · · · · · · · · · · ·	This corporation has liability for			
24 25			29 30				Florida Statutes Yes No			
	9. Name and Addre	ss of Current Re	egistered Agent				10. Name and Address of New R	egistered	Agent	
EVANS, EDWARD A, III					81	Name				
667 CRICKLEWOOD TERRACE					82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
HE	EATHROW FL 32746				83	ļ				
•						ļ				
					84	City		FL	85 Zip	Code
11. Pursuar	nt to the provisions of Sec	tions 607.0502 an	nd 607,1508, Florida Statu	ites, the a	bove	e-named co	rporation submits this statement for the			ts registered
office or agent 1	rregistered agent, or both am familiar with, and acc	i, in the State of F opt the obligation	llorida. Such change was is of, Section 607.0505, F	authorize Iorida Stat	d by tutes	y the corpora s.	rporation submits this statement for the ation's board of directors. I hereby acceptable	pt the app	pointment as	registered
SIGNATURE										
12.	Stignature, typed or printed name	of registered agent and FFICERS AND DI	<u></u>	TE Registere	d Age	ent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE CEDE ANI	DIRECTOR	OC 181 4.2
TITLE	PS	Fricera AND DI	DELETE	1.1 Ti	YI F		ADDITIONS/CHANGES TO OFF	CERS AIN	Change	Addition
NAME	EVANS, EDWARD	A III		12 N						
STREET ADDRESS				138	IREET	ADDRESS				
CITY-S1-ZIP	HEATHROW FL			1.4 C	ITY-S	ST-21P				
TITLE			DELETE	2.1 Tı	TLE				Change	Addition
NAME				2.2 N						
STREET ADDRESS	3					ADDRESS				
THUF			DFLETE	3.1 (ST-ZIP	- disagraphy		Change	Addition
NAME			end Direct	3.2 %		İ			Suange	L riversoll
STREET ADDRESS	s			1		ADDRESS	·			
CITY - ST - ZIP				3 4. 0	PTY-S	ST-ZIP				
TITLE			DELETE	4 1 T)	ITLE				Change	Addition
NAMÉ				4. 2 N		- 1				
STREET ADDRESS	5					ADDRESS				
CITY-ST-ZIP TITLE			DELETE	4.4 C 5.1 T		ST-ZIP		· 	Change	Addition
NAME				5.2 N					viidilge	L.J AUGIOON
STREET ADDRESS	s					ADDRESS				
CITY - ST - ZIP						ST-ZIP				
TITLE			DELETE	6.1 آ					Change	Addition
NAME				6.2 N	AME					

CHTY - S1 - ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information indicated on this earn.
I am an officer or director of the c applied with this fong does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that the repetiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blo

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

Jan 16 1997 8:00am