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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J82232

(6)

ROBERT A. ROUTA, P.A.

Feb 04 1997 8:00am Secretary of State

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SSUE 8 TALLAHASSEE R. 32214 Sole Of Loss Process	Principal Place of Business Mailing Address						I IUDIIITE AND IBRIO II IN IN INITE CITTO HARA BIDAT BIDAT DIARE DIDII BIDII RODII			
3. Date incorporated of Cualified   Sa. Date of Last Report   07/13/1887   01/25/1988   01/25/19	2931 CRAW		P. O. DRAWER 6506	04.4 0500						
2.	CRAWFORDVILLE FL 32327 US							1 "	Report	
Suite, Age if it is, it is a companied to the status possible of Statu		l Place of Business	·				4, FEI Number	A		
City & State    City & State   City	21		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Election Campaign Financing \$5.00 May Be			
City & State    Country   25   29   29   30   Country	22 Suite, At	or #, etc.								
25		tate	City & State							
ROUTA, ROBERT A. HIGHWAY 319, CARWFORDVILLE, FL. P. O. DRAWER 6508 TALLAHASSEE FL 32314-6506  ### City ### City ### Comparison of Decision of State Acceptable (P.O. Box Number is Not Acceptable)  ### City ####	—, ·	Country	Zip		ountry	1			. 199.032,	
ROUTA, ROBERT A. HIGHWAY 319, CRAWFORDVILLE, FL P. D. DRAWER 6506 TALLAHASSEE FL 32314-8506  ***TALLAHASSEE FL 32314-8506  ***	24			30						
HIGHWAY 319, CRAWFORDVILLE, FL P, O. DRAWER 6508 TALLAHASSEE FL 32314-6508  #4 City FL #4 City FL #5 Zip Code  The minimum with, and accept the political standard for 1509, Florida Standards, the above-named corporation submits this statement for the purpose of changing its register of agreet, or both in this State of Horida, Studic change was authorized by the corporation's board of directors, I hereby accept the appointment as registere agreed. I am the minimum with, and accept the obligations of Scottone 007 005, Florida Standards.  SIGNATURE STANDARD OF ICCERS AND DIRECTORS IN 12  12. OF ICCERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. DEETE 1 TIME 1 T			rent Registered Agent		B1	Name	10, Name and Address of New Re	Bisteled Affelir		
P. O. DRAWER 8508 TALLAMASSEE FL 32314-8506  8 City FL 8 Zip Code  11. Paracount to the provisions of Section's 607 0502 and 607 1509. Horida Statutes, the above named corporation submits this statement for the purcose of changing its register of agent 1 or the familier will, and accept the obligations of Section 607 0505. Florida Statutes  SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE BOUTA, ROBERT A. HIGHWAY 319 CRAWFORDVILLE FL DELETE 11 TITLE 12 NAME 13 SIRECT ADDRESS  CRISS 3.29  INTE 14 CITY 51-29  INTE 15 SIRECT ADDRESS  CRISS 3.29  INTE 16 DELETE 17 TITLE 17 TITLE 17 TITLE 18 Zimite 18 Zimite 18 Zimite 18 Zimite 18 Zimite 19 SIRECT ADDRESS  CRISS 3.29  INTE 18 Zimite 19 SIRECT ADDRESS  CRISS 3.29  INTE 18 Zimite 19 SIRECT ADDRESS  CRISS 3.29  INTE 3.29  INTE 19 SIRECT ADDRESS  CRISS 3.29  INTE 3.29  INTE 19 SIRECT ADDRESS  CRISS 3.29  INTE 3.29  INTE 19 SIRECT ADDRESS  CRISS 3.29			- E1							
TALLAHASSEE FL 32314-6506			, FL		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
The provisions of Sections 607 05/09 and 607 15/09 Florids Statues, the above-named corporation submits this statement for the purcess of changing its register office or registered agont or both in this State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agont 1 am forehish with, and accept the obligations of, Section 607 6505, Florida Statutes.  SIGNATURE    20					83					
11. Pursuant to the provisions of Socions 607 0502 and 607 1502 Fiorids Statutes, the above-named corporation submits this statement for the purpose of changing its register afforms of consistent agent 1 am familiar with, and accopt the obligations of, Socion 607 0505, Florida Statutes.  SIGNATURE  12. OF LICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. OF LICERS AND DIRECTORS IN 12.  15. OF LICERS AND DIRECTORS IN 12.  16. OF LICERS AND DIRECTORS IN 12.  17. OF LICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. NAME  19. NAME  19. NAME  19. NAME  19. NAME  19. OF LICERS AND DIRECTORS IN 12.  19. NAME  19. N					84	City		85 Zip	Code	
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r or nereby 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 changed, or organ attachment with an address.

SIGNATURE: