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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V40372

(7)

5151 OC	ean Boulevari), INC.									
Principal Place	e of Business		Mailing Address				- I DODIO DIFIDIO ESDIG DEIDO DEIDO DEIDO PEDE	JUNI UNDER AN	AIF OLDIL DIBIT D	ilbit ladi	
SARASOTA FL 34242			46 N. WASHINGTON B.VD. SUITE 1 SARASOTA FL 32436								
							3. Date Incorporated or Qualified 06/01/1992		ate of Last Ro 12/1996	eport	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			oplied For	
21			26 46 N. WAS	Hingt	101	N BLVD	- 65-0342231		No	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc. 27				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State			City & State				6, Election Campaign Financing		\$5.00	May Be	
23			28				Trust Fund Contribution		Added t		
Zip	Count	.гу	Zip		untry	1	This corporation has liability for it.			. 199 .032,	
24	25		29	30	·			Yes			
	9, Name and Addr	ess of Current Re	agistered Agent		81	Name	10. Name and Address of New Re	gistereo	Agent		
	ERSON, JOHN	_			"						
46 N. WASHINGTON BLVD. SUITE 1					82	Street Addr	eet Address (P.O. Box Number is Not Acceptable)				
	ASOTA FL 34236				83			,			
					84	City			85 Zip (Code	
							and a state of the state of the state of	FL			
office or re agent. La	egistered agent, or bot in familiar with, and ac	th, in the State of fi cept the obligation	lorida. Such change was ns of, Section 607,0505, I	s authorize Florida Sta	id by	y the corporat s.	poration submits this statement for the p tion's board of directors. I hereby accep	of the app	ointment as	registered	
SIGNATURE	Name of the second			OT: G				DATE			
12.	Signature, typical or pointed nan	OFFICERS AND D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.		ant signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TILLE	PSTD	3111021107110	DELETE	1,1 (1)		T	7,5517,670,677,470,557,6		Change	Addition	
,	RUZGIS, PHILLIP E	:		1,2 N	ZAME						
	5151 OCEAN BLVD			1.3 \$	TREET	r address					
CITY-SI-ZIP	SARASOTA FL 342	42		1.4 C	HTY-S	ST- <i>2</i> IP					
TILE			☐ DELETE	2 1 Ti	ITLE				Change	Addition	
NAME				22N	IAME						
STREET ADDRESS				2.3 \$	TREET	T ADDRESS	_				
CITY-ST-ZIP				2.4(CITY-1	ST-ZIP	-				
TITLE			☐ DELETE	317	ITLE				Change	Addition	
NAME				32 N	AME						
STREET ADDRESS				33 S	TREET	T ADDRESS					
CHY+ST-ZIP						ST-ZIP		.	77.5	1 1 4 2 2 2	
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NAME					NAME	- 1					
STREET ADDRESS				1		T ADDRESS					
City - ST - ZIP			DELETE			ST-ZIP			Change	Addition	
THILE			F" DETEL	5.1 T					L.J Change	f" Modition	
NAME				5.2 N		r annocco					
STREET AUDRESS						T ADDRESS					
CITY-ST-ZIP TITLE			DELETE	5.4 C 6.1 Ti		ST-ZIP			Change	Addition	
l			FT DITEIL	6.1 N					C Change	L.J Position	
NAME PLOCET ADDROSE											
STREET ADDRESS						T ADDRESS					
14 I do heret	I by certify that the infor	nation sunrilied w	th this filing does not our	alify for the	- AYE	emption stated	d in Section 119.07(3)(i) Florida Statute	s. I furthe	r certify that	the	
interestic	as included on this one	aum! concart ac aucor	alomontal annual conort is	alify for the	өхө	urata and that	d in Section 119.07(3)(i), Florida Statute: it my signature shall have the same lega rt as required by Chapter 607, Florida S	ul offort of	e it mada un	dor noth:	

FILED

Feb 27 1997 8:00am

Secretary of State