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

P95000070147 (0) DOCUMENT

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

6211 132ND ST Gainesville FL 32653-2532
Mailing Address

FILED Apr 29 1997 8:00am Secretary of State

Change

Addition

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	DAIA I	KNGETING	i, inc	•											
Principal Place of Business Mailing Address												1 00 074 0 07 1140 1014 1 0414 0 4044 0 0014 0	BLU DÖVÜL ÜDE	AN MONEN HIGH DIDI	i 1001 i90i
6211 132ND ST Gainesville FL 32653-2532				6211 132ND ST GAINESVILLE FL 32653-2532									9/25/	94	
												Date Incorporated or Qualified 09/08/1995	3a. E	Pate of Last Ri 120/199 6	eport
2.	Principal Pl	lace of Busine	SS		2a. Mailing Address						4.	FEI Number		Λр	plied For
21					26							59-3347457		No	t Applicable
Sulte, Apt. #, etc.					Suite, Apt. #, etc.						5.	Certificate of Status Desired		\$8.75 A Fee Re	
23	City & State					City & State						Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
24	Zip	2	Cour 5	alry	7(p		30	intry				This corporation has liability to Florida Statutes		e tax under s.	199.032,
	9. Name and Address of Current Registered Agent										10.	Name and Address of New F	egistered	Agent	
11	GAII	NESVILLE F	L 3260		and 607.15	08, Florida Statu ich change was	ites, the a	83 84 bovo	Cily	<u> </u>		O. Box Number is Not Acceptance. n submits this statement for the loand of directors. I hereby acc	Fl	85 Zip (- 1
Į	GNATURE						Off Registere						DATE		
Signature, lyped or protect name of trigistered agent and facility applicable. (NOTE Register 12. OFFICERS AND DIRECTORS								<u> </u>				ADDITIONS/CHANGES TO OFF		D DIRECTOR	S IN 12
TIT	LE	PSO DELETE 1.1				1Lŧ		I		<u></u>		Change	Addition		
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CITY-ST-ZIP GAINESVILLE FL 32653-2653							1.4 0	!1Y-\$	T-7IP						
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STO	REET ADDRESS	4511 NW					2.3 S	IREE1	ADDRESS	62	n	NW 132ND	Styc	ict	
CIT	Y-ST-ZIP	GAINESVI					2 4 0	my-s	31 - 7(P	GA	W	esville FL	324	53	
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1	Y-ST-ZIP						1	-	31 - ZIF						Ì
TIT						DELETE	4.1 (1				Change	Addition

6.4 CITY - \$1 - 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 changed, or on an attachment with an address.

4. 2 NAME

51 TITLE

5.2 NAM

G.1 FITLE

62 NAME

DELETE

DELETE

4.3 STREET ADDRESS

4.4 CHY- ST- ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP