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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS				ons	Secretary of State		
DOCU 1. Corporati	JMENT #	278380)	(1)				7		
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Principal Place of Business 4645 US #1				Mailing Address 4645 US #1				The state of the s		
P O BOX 25			PO	BOX 2559 BEACH FL 32961	-2559					
,							— <u></u>	Date Incorporated or Qualified 02/11/1964	3a. Date of Last 01/23/1996	Report
2. Principal Place of Business			26. Mailing Address					4. FEI Number 59-1088458		pplied For lot Applicable
Salte, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional legulred
2] City & State			City & State				Election Campaign Financing Trust Fund Contribution		May Be to Fees	
7(;) 24	25	Country	29	p	30 Co	ıntry	***************************************	8. This corporation has liability for i		
	9. Name and	Address of Currer		ed Agent	1901			10. Name and Address of New Re	<u> </u>	
STURGIS, JACK D						B1	Name			
2900 20 STR VERO BEACH FL 32960						82	Street Add	fress (P.O. Box Number is Not Acceptate	le)	
						83				
						84	City		FL 85 Zip	Code
11. Parsua: office or agent 1	it to the provisions r registered agent, am familiar with, a	of Sections 607 050 or both in the State and accept the oblig	2 and 607. of Florida. ations of, S	1508: Florida Sta Such change wa lection 607.0505,	tutes, the a is authorize Florida Sta	bove d by tutes	e-named cor the corpora 3.	poration submits this statement for the pation's board of directors. I hereby acceptions	urpose of changing at the appointment a	its registered s registered
SIGNATURE	Styrodore, typed or pri	med name of registered asp				d Age	nt signature requ	ured when reinstating)	DATE	
12.	PD	OFFICERS AN	D DIRECTO	DRS DELETE	13.	ITI F	·	ADDITIONS/CHANGES TO OFFIC	Change	HS IN 12
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14. Too I ereby certify that the information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information evidicated 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 are 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. **Exemplify** The Company of the corporation 6.4 CITY-\$1-ZIP

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

FILED

Apr 04 1997 8:00am