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 # 307373

(1)

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Feb	10	1997	8:00am
Se	ecre	tary o	of State

GRAPHIC OF SEBRING, PRINTER									
Principal Place of Business 1067 HAWTHORNE DR P.O. BOX 920 SEBRING FL 33870	Mailing Address 1067 HAWTHORNE DR P.O. BOX 920 SEBRING FL 33870-2939			. 100:20 IIII 98(K (9838 (1))) 68664 3H) 2F6K 2F5K 2F8K 2ISK 3ISK 3ISK 189)					
•••					3. Date Incorporated or Qualified 07/21/1966	3a. Date of 02/26/19	·		
2. Principa: Place of Business 21	2a. Mailing Address 26	 		4. FEI Number 59-1150820		Applied For Not Applicable			
Soile, Apt. #, etc.	Suite, Apt. #, etc.		***************************************		5. Certificate of Status Desired	1 1	.75 Additional Fee Required		
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees		
Zip Country 25	Zip 29	30 Cou	ntry		8. This corporation has liability for in Florida Statutes	ntangible tax u Yes \(\square\) No			
9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Reg	platered Agent	t		
LIVINGSTON, JAMES L.			81	Name					
445 S. COMMERCE AVE. SEBRING FL 33870			82	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
			83						
			84	City		FL 85	Zip Code		
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the St agent, I am familiar with, and accept the ob-	ate of Florida Such change w	as authorized	d by	the corporati					

Signar ye i typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) ☐ Addition DELETE Change TITLE 1.1 TITLE GANAS, ELAINE NAME 1.2 NAME 1243 EDGEWATER PT DRIVE 1.3 STREET ADDRESS STREET ADDRESS SEBRING, FL 00000 CITY-ST ZIP 1.4 CITY - ST - ZIP DELETE Addition Change 1:TLE 2.1 TITLE GANAS, ELANINE NAME 2.2 NAME 1243 EDGEWATER PT DRIVE 2.3 STREET ADDRESS STREET ADDRESS SEBRING, FL 00000 CITY - ST - 70P 2 4 CiTY - ST-ZIP DELETE ___ Addition Change 31 TITLE TITLE FOSS, MARGUERITE NAME 3.2 NAME 1300 PERSIMMON CT #30 STREET ADDRESS 3.3 STREET ADDRESS SEBRING, FL 00000 C-14 - ST - 7IP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE PD 4.1 TITLE GANAS, ROBERT NAME 4. 2 NAME 1243 EDGEWATER PT DRIVE STREET ADORESS 4.3 STREET ADDRESS SEBRING, FL 00000 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - 719 ___ Addition DELETE Change Tiffue 61 TITLE NAME 62 NAME

14. Ido 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY - ST - 7IP

2/3/97 941 385=7846