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 # 314371

(6)

Principal Place of Business 43 MiRACLE STRIP PARKWAY FT. WALTON BEACH FL 32548 M. Corporation Name Mailing Address 43 MiRACLE STRIP PARKWAY FT. WALTON BEACH FL 32548 MiRACLE STRIP PARKWAY FT. WALTON BEACH FL 32548					3. Date Incorporated or Qualified 3a. Date of Last Report		
					03/03/1967	03/13/1996	сроп
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	F-4	plied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S9.75 Addition		ot Applicable
22		27			5. Certificate of Status Desired	Fee Re	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be	
Zip	Country 25	Zφ	Zip Country		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No		
271	9. Name and Address of Curre		30;		10. Name and Address of New Ro		
BRO	DOKS, W. EDSEL		81	Name			
. 43 l	MIRACLE STRIP PARKWAY RT WALTON BEACH FL 32548		82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
ř		83					
			84	City		FL 85 Zip	Code
office or agent. I s	registered agent, or both, in the Statem familiar with, and accept the obli-				poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing it pt the appointment as	s registered registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PO	☐ DELETE 1			[_] Change		Addition
NAME	BROOKS, WILLIAM EDSEL 501 FIRST STREET		1.2 NAME				
STREET ADDRESS CITY-ST-ZIP	CRESTMEW FL		1.3 STREET ADDRESS 1.4 CHY-ST-ZIP				
TITLE	VP	DELETE	2.1 TITLE			Change	Addition
NAME	SHOREY, RONALD J.		2.2 NAME				
STREET ADDRESS	20 HEMLOCK DRIVE NW		2.3 STREET ADDRESS				
CITY-ST-ZIP	FORT WALTON BEACH FL		2 4 CITY-ST-ZIP				
TITLE	VPST	☐ DELETE	3 1 TITLE			Change	Addition
NAME	MCKEE, MICHAEL S. 20 SHERWOOD DRIVE		3.2 NAME			•	
STREET ADDRESS	SHALIMAR FL		3.3 STREET				
CITY-\$T-ZIP	OLIVEIMAN I E	DELETE	3.4. CITY-S1-ZIP DELETE 4.1 THLE			Change	Addition
NAME		- ·	4. 2 NAME				
STREET ADDRESS			4 3 STREFT	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	T - ZIP			
TITLE	DELETE		5.1 TITLE] _	☐ Change ☐ Ado		Addition
NAME			5.2 NAME	1			
0 40 Nett + 5 5 5 6 6				j			
STREET ADDRESS			5.3 STREET				
CITY-\$T-ZIP		DELETE	5.3 STREET 5.4 CITY - S 6.1 TITLE			Change	Addition

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 trusted 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.

6.2 NAME 6.3 STREET ADDRESS

RONALD UNSHOREY

STREET ADDRESS

4-10-97

(904)244-4646

FILED

Apr 23 1997 8:00am

Secretary of State