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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 368986

(6)

Principal Place 1820 77H AVE. LAKE WORTH	. NORTH	Mailing Address 1820 7TH AVE. NORTH LAKE WORTH FL 33461-38	05		
				3. Date Incorporated or Qualified 08/27/1970	3a. Date of Last Report 05/01/1996
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1302636	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		C Floring Compains Floring	Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24	25		30	Florida Statutes	Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Reg	platered Agent
	RKLE, DAVID		81 Name		
1820 7TH AVENUE N. LAKE WORTH FL 33461			82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)
			83		
			84 City		85 Zip Code
11 Percuant	to the provisions of Sections 607 (0502 and 607 1508 Florida Statute	oc the above period core	porchian nulpraite this plotomage for the	FL 65 Zip Code
office or r	egistered agent, or both, in the St	ate of Florida. Such change was a	outhorized by the corporat	poration submits this statement for the price ion's board of directors. I hereby acceptions	it the appointment as registered
	im familiar with, and accept the ob	bligations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE	Signature, typied or printed name of registered	agent and title if applicable (NOTe	E. Registered Agent signature requir	red when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	Buerkle, David R.		1.2 NAME		
STREET ADDRESS	4491 FOSS RD.		1.3 STREET ADDRESS		
C/TY - S1 - Z/P	LAKE WORTH FL		1.4 CITY - ST - ZIP		
THTLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
Crty-St-ZiP			2.4 CITY-ST-ZIP		
ן דו ד F		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-ZIP		I DELETE	3.4 CITY-ST-ZIP		
TITLE NAME		☐ DELETE:	4.1 TITLE 4. 2 NAME		Change Addition
STREET ADDRESS					
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - S1 - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		-
STREET ADDRESS			6.3 STREET ADDRESS		
070 67 7.5					

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 arrival 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.