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 # 396934

(2)

- WHEIL O	URPURATION									
Principal Place of Business Mailing Address						_	/ 1881AB stein imile milit fåitt kum nint	OIDII 8/9/1 B	TATE ALBEI ATASI C	31011 1201
2144 FRANKLIN PALM BAY FL			2144 FRANKLIN DRIVE N.E. PALM BAY FL 32905-4021							Nok
US	••••	US				Į				
							 Date Incorporated or Qualified 03/07/1972 		ate of Last R 22/1996	eport
	Place of Business	2a. Mailing Address					4. FEI Number			oplied For
21		26					59-1383213	/		ot Applicable
Suite, Apt.		Suite, Apt. #, etc.					5. Certificate of Status Desired	N	\$8/75 / Fee Re	
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	May Be	
23	Country	28		untru			Trust Fund Contribution	<u> </u>		to Fees
Zip 24	25	Ζ(ρ 29	30	untry	,	-	8. This corporation has liability for Florida Statutes	intangible Yes [. 199,032,
<u></u>	9. Name and Address of Curre			Τ			10. Name and Address of New Re			
CAL	LAWAY, G.R.			81	Name				¥	
356 HIAWATHA WAY				82 Street Add			s (P.O. Box Number is Not Acceptate	aled.		
MEL	BOURNE BEACH FL 32951		0,			ACICITOS	55 (F.O. BOX NUMBER'S NOt Acceptable)			
			Ì							
•			. "	84	City				85 Zip (Code
					'			, FL	. ' '	ĺ
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the a	bove	-named	corpor	ation submits this statement for the parties beard of directors. I hereby acce	surpose of	changing it	s registered
agent. I a	am familiar with, and account the solu	gations of Section 607.0505,	Florida Sta	tutes	7 1110 001] S.	poration	rs board or directors, Thereby accep	л ше арр 	ORIGINAL 65	registerou
SIGNATURE	1 am 5 1	ellenous						2/9	7	
·	Signature, typod or printed part of registerCoar	igent and tille II applicable (N ND DIRECTORS	J	d Age	nt signature	requireo	when reinstating)	DATE	DIDEOTOR	20.01.40
12. TITLE	CD	DELETE	13.	111.5		1	ADDITIONS/CHANGES TO OFFIC	EHS ANL	Change	Addition
NAME	HILLMAN, HOWARD B	<u> </u>	1	1.1 TOLE 1.2 NAME					Onlonge	
STREET ADDRESS	158 MAIN ST			1.3 STREET ADDRESS						
CITY-ST-ZIP	NEW CANAAN CT			1.4 CiTY-ST-ZIP						
TITLE	PD	DELETE	2.1 1		7-20				Change	Addition
NAME	CALLAWAY, GARY R.		2.2 N	2.2 NAME					_ ,	_
STREET ADDRESS	2144 FRANKLIN DRIVE NE		2.3 S	TREE1	ADDRESS	214	4 Franklin Drive, N	.E.		Ì
CITY-ST-ZIP	PALM BAY FL				sı-zır Pa		ni Bay, FL 32905			
TITLE	VD	DELETE	3.1 T			1			Change	Loilibby
NAME	MEAD, HANSEL B.		3.2 N		*		· ·			
STREET ADDRESS	2144 FRANKLIN DRIVE NE		338	TACET	ADDRESS	214	4 Franklin Drive, N	.E.		
CITY-ST-ZIP	PALM BAY FL				31 - ZIP	Pal	m Bay, Fl. 32905			
TITLE	SD OFFICE INC. II	☐ DELETE	4.1.7	TLF			·		Change	☐ Addition
NAME	RIEBE, IRENE H		4, 2 8							
STREET ADDRESS	158 MAIN ST NEW CANAAN CT				ADORESS					·
CITY-ST-ZIP	NEW CANAAN CI	District		11Y-S	1-2IP	ļ		····	Chanas	Addition 1
TITLE	HILLMAN, HOWARD B	☐ DELETE	5.1 TI			l			Change	☐ Addition
NAME -	158 MAIN ST		5.2 N		ADINDEGO			,		\
STREET ADDRESS	NEW CANAAN CT		4		ADDRESS					}
CITY-ST-ZIP	INDI VINNEYI VI	DELETE		ny-s Ilf	~	 	500000312	्दा	Change	Addition
NAME		Jec.10	1	AME			50000212 -03/27/97010	ງງີກໍ	14	
STREET ADDRESS					ADDRESS	1	***165.00	W		}
City-St-ZiP				ITY-S		1	~ ~ # # #			

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 undo I am an officer or director of the correlation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my nar appears in Block 12 or Block 13 if dyinged, or on an attaching the with an address.

FILED

Mar 26 1997 8:00am

Secretary of State