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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 399113

(0)

FILED Apr 29 1997 8:00am Secretary of State

Principal Place	Ce of Business	Mailing Address 37527 NCR 44A			
EUSTIS FL 32		EUSTIS FL 32726			
				Date Incorporated or Qualified 04/12/1972	3a. Date of Last Report 04/25/1996
2. Principal f	Place of Business	2a. Mailing Address	. 100 111	FEI Number	Applied For
21 <i>375</i> .	27 NCR 44-H	26 37527	NCR 44.h	59-1434038	Not Applicable
Suite, Apt	! ₩, €1 c.	Suite, Apt #, etc.	,	5. Certificate of Status Desired	See Required
22 City & Sta	ile	City & State		C Stantian Compaign Financian	
23 EU:	5075. FL.	28 FUSTI	& Fl.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	·	or intangible tax under s. 199.032,
24 <i>327</i> .	36 25 LAKE	29 <i>32736</i>	30 LAKE	Florida Statutes	Yes You No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New I	Registered Agent
	RRIER, THOMAS J		81 Name	URRIER TH	omas V.
	72 SPINAKER CT.		82 Street Add	ress (P.O. Box Number is Not Accept	able) / a .] =
PAI	LM HARBOR FL 33563		83 /26	6 ROXBURO	I LANE
			03		
			84 City	Pul EDIAL	FL 85 32608
11. Pursuani	Lto the provisions of Sections 607 050	2 and 607 1508 Florida Sta	tules, the above-named con	poration submits this statement for the	
office or	t to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change wa	s authorized by the corpora	ition's board of directors. I hereby acc	cept the appointment as registered
acient	an ranssar wan, and accept the bong	auoris er. secuon por osos.			
			Tionaa otaloios.		
SIGNATURE	Signations typodical printed name of registered age		IOTE Registered Agent signature requi		DATE
	Signature: typed or printed name of registered age OFFICERS AN	erit and title II applicable (N D DIRECTORS	IOTE Registered Agent signature requ	ared when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE	Signature: typed or printed name of registered agr OFFICERS AN	ent and title il applicable (N	IOTE Registered Agent signature required. 13. 1.1 TITLE	ared when reinstating)	DATE
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4. 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 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 attackment with an address.

SIGNATURE: THE LAND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DATE DATE DATE PROVED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR