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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 409186** 

(4)

## **FILED** Apr 15 1997 8:00am Secretary of State

Principal Place of Business  Mailing Address  2411 S. FEDERAL HWY.  SABAL PALM PLAZA FT PIERCE FL 34982  Mailing Address  4411 S. FEDERAL HWY.  SABAL PALM PLAZA FT PIERCE FL 34982  FT PIERCE FL 34982-5921					<del>-1 -1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</del>				
						3. Date Incorporated or Qualified 09/20/1972		ate of Last F <b>09/1996</b>	Report
-1 '	lace of Business	2a. Mailing Addre	SS			4. FEI Number		<u> </u>	oplied For
Suite, Apt.	#, etc.	26   Suite, Apt. #, 6	etc.			59-1418629			ot Applicable Additional
2		27				Certificate of Status Desired		Fee R	equired
City & Stat	e	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	<b>28</b> Zip	ļ <sub>1</sub>	Country		8. This corporation has liability for	intangible	tax under s	
J	25	29	30	···			Yes		····
Name and Address of Current Registered Agent     SNEED, RICHARD D., JR., ESQ.				10. Name and Address of New Registered Agent    61   Name			Agent		
121	ORANGE AVENUE IT PIERCE FL 33450		82 Street Add		Street Addr	ress (P.O. Box Number is Not Acceptal	ble)		
				84	City		FL	<b>85</b> Zip	Code
11. Pursuant office or i	to the provisions of Sections 607 registered agent, or both, in the 5	.0502 and 607.1508, Florida State of Florida Such chang	a Statutes, the	e above- rized by	-named corp	poration submits this statement for the lition's board of directors. I hereby acce		of changing i	ts registered registered
SIGNATURE.	Signature, typed or printed name of registers	ed agent and life if applicable	(NOTE: Regis			poration submits this statement for the prion's board of directors. I hereby accended when reinstating)  ADDITIONS/CHANGES TO OFFICE	purpose of the app		
11. Pursuant office or i agent I a SIGNATURE 12.	Signature, type-d or printed name of registers OFFICERS		(NOTE Regis	stered Agen		red when reinstating)	purpose of the app		
SIGNATURE.  2.  III.E  AME	Signature, type of or printed name of registers OFFICERS PD ELLWOOD, JANICE	ed agont and title if applicable S AND DIRECTORS	(NOTE: Regis 1 ETE 1.	stered Agen 13. 1.1 TITLE 1.2 NAME	nt signature requir	red when reinstating)	purpose of the app	D DIRECTO	RS IN 12
SIGNATURE.  2.  THE  AME  TREET ADDRESS	Signature, typical or printed harmo of registers OFFICERS PD ELLWOOD, JANICE 2411 S FEDERAL HWY	ed agont and title if applicable S AND DIRECTORS	(NOTE: Regis 1 EFE 1.	stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET A	nt eignature requir	red when reinstating)	purpose of the app	D DIRECTO	RS IN 12
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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 attachment with an address.

**SIGNATURE:**