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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 25 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 1019 W LEONARD ST. P. O. BOX 18650 P.O. BOX 18647 PENSACOLA FL 32523-5647 P. O. BOX 18647 PENSACOLA FL 32523-5647 P. O. BOX 18647 PENSACOLA FL 32523-8647 P. O. BOX 18647 PENSACOLA FL 32523-8647 P. O. BOX 18647 P. O. BOX 18647 P. O. BOX 18647 P. O. BOX 18647 P. O. BOX 18647 P. O.						3. Date Incorporated or Qualified Sa. Date of Last Report 04/23/1996					
2. Principal	Place of Busine	§\$	2a. 1	Mailing Addre	ess			4. FEI Number	03/20	· ~	plied For
21			26					59-1595726			ot Applicable
Suite Ap	it.# etc		27	Suite, Apt. #,	etc.			5. Certificate of Status Desired			Additional equired
City & St	atc	, p , r		City & State				6. Election Campaign Financing		\$5.00	
23			28					Trust Fund Contribution		Added	
Z(p 24	2!	Country	29	Zip	-	Country	<i>†</i>	8. This corporation has liability for Florida Statutes	or intangible ta		. 19 9.032,
		ond Address of Cur		ered Agent	13	<u> </u>		10. Name and Address of New F			
E	ARLY BENJAMI	N				81	Name				
	000 W. LEONA					82	Street Add	dress (P.O. Box Number is Not Accept	able)		
PENSACOLA FL 32501						83	ļ				
						03					
										85 Zip (Code
		ns of Sections 607.0 it or both, in the St , and accept the ob-	0502 and 603 late of Florida Digations of	7.1508, Florid a. Such chan Section 607.	da Statules ige was au 0505, Flori	s, the above thorized by ida Statute		poration submits this statement for the ation's board of directors. I hereby acc	FLI		s registered registered
SIGNATURI	E	person came of registroed		appicable.	(NOTE:	s, the above thorized by ida Statute Registered Age	e-named cor y the corpora s.	poration submits this statement for the ation's board of directors. I hereby accurred when reinstating) ADDITIONS/CHANGES TO OFF	PL e purpose of cl cept the appoir DATE FICERS AND D	hanging it ntment as	IS IN 12
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reformation indicated on this annual report or applemental 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 chapter on an attractment with an address.

SIGNATURE:

TYPEO OR PRINTED NAME OF MIGNING OFFICER OR DIRECTOR

Ben C. Early

04/17/97

(904)469-1620

Daytime Phone #