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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	ANNUAL REPORT 1997			Secreta DIVISION OF (ry of State CORPORAT	IONS	Secretary of State		
		489776 CORPORATED		(5)				H OMA ÁIGH RIGH ÁIGH THA	
Principal Place of Business 836 RIOMAR DR. VERO BEACH FL 32963-2013			836 RI	Mailing Address 836 RIOMAR DR. VERO BEACH FL 32963-2078					
						,	3. Date Incorporated or Qualified 11/19/1975	3a. Date of Last F 02/07/1996	Report
2. Principal P	lace of Business		2a. M	2a. Mailing Address 26			4. FEI Number 13-1929757		pplied For lot Applicable
Suite, Apt	# , elc.			Suile, Apt. #, etc.			5. Certificate of Status Desired		Additional legulred
City & State	ė	, <u> </u>	C	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country 25				Zip Country		ry	8. This corporation has liability for Florida Statutes		
E4		Address of Curr		ed Agent	1001		10. Name and Address of New I		
11. Pursuant office or ragent Ta	to the provisions registered agent, in) familiar with, a	of Sections 607 0 or both, in the Sta nd accept the obl	502 and 607, ite of Florida ligalions of, S	1508, Florida Statu Such change was ection 607.0505, Fl	Butters, the about authorized to orida Statute	4 City	poration submits this statement for the tion's board of directors. I hereby acc	FL `	Code its registered s registered
	Signature, typed or pr	rbed namero ^r registered				gent signature requ	ired when reinstating)	DATE	22 11 1 2
12.	SD	OFFICERS A	ND DIRECTO	DRS DELETE	13,		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 12 Addition
NAME STREET ADORESS	LANGE, CARG 836 RIOMAR VERO BCH FI	DR		. Ditti		E Et address		. En original	CJ Advisor [
CITY-ST-ZIP TITLE	PD			DELETE	1.4 GITY- 2.1 TITLE			Change	Addition
NAME STREET ADDRESS CITY+ST-ZIP	PAXTON, EST 836 RIOMAR VERO BEACH	DR.			2.2 NAMI 2.3 STRE 2. 4 CITY	et address			
TITLE NAME STREET ADDRESS ONY-ST-ZIP				DELETE	3.1 TITLE 3.2 NAMI	E ET ADDRESS		Change	☐ Addition
TITLE NAME STREET ADDRESS				DELETE	4 1 TITLE 4 2 NAM			Change	Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS				DELETE	4.4 CITY: 5.1 TITLE 5.2 NAMI	-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS				DELETE		E Et adoress		☐ Change	☐ Addition
City-St-ZiP 14. I do here	by certify that the	information supp	lied with this	filing does not qual	64 CITY ify for the ex		d in Section 119.07(3)(i), Florida State	ites. I further certify the	it the

I formation 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 corpuration or the receiver or trustee amnowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with an address.

FILED

Jan 31 1997 8:00am