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

FILED PROFIT Feb 17 1997 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham

| ANNUAL REPORT 1997 | | | | Secretary of State DIVISION OF CORPORATIONS | | | Secretary of State | | |
|--|---------------------|-----------------------------------|--|---|------------------------|--|---|--|--|
| | | # 492257 DBODY, INCORPO | | (1) | | | 1 ILENA BARIC 1848 NANA 1888 BARIC 18 | | |
| Principal Place of Business Mailing Address | | | | | | | | / | |
| 950 N.E. 16TH ST. OCALA FL 34470 US | | | 950 N.E. 16TH ST. OCALA FL 34470-4206 US | | | | 2. Date howeverted as Overlifted 12a Out of Lost Depart | | |
| | | | | | | | 3. Date Incorporated or Qualified 12/09/1975 | 3a. Date of Last Report 05/01/1996 | |
| 2. Principal P | lace of Busin | iess | ├ | F | | | 4. FEI Number | Applied For | |
| Suite, Apt. | # ofc | | 26 Suit | Suite, Apt. #, etc. | | | 59-1647563 | Not Applicable | |
| Suite, Apt. | #, etc. | | | 27 | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | c | | | & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | | Country | Zip | | Country | у | | or intangible tax under s. 199.032, | |
| 24 | | 25 | 29 | | 30 | ···· | Florida Statutes | ✓ Yes No | |
| | | and Address of Curre | ent Registered | i Agent | 81 | Norge | 10. Name and Address of New I | Registered Agent | |
| PHENDERONSI, CHANLES | | | | | | Rhara Frende dress (P.O. Box Number is Not Accept a nach | | | |
| | | | | | 84 | CilyOc | ala el zwi | 85 Zip Code | |
| 11 Pursuant | to the provis | ions of Sections 607.05 | 02 and 607.15 | 508 Florida Stati | utes the abov | e-named cor | rnoration submits this statement for the | no FL Surio | |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the optigations of, Section 607 0505 Florida Statutes. | | | | | | | | | |
| SIGNATURE | /Ja | ibaia (| Prevo | lerguet | \mathcal{I} | BARBAR! | A PRENdergist | 2/08/97 | |
| | Signature, typed | or printed narry of registered ag | | | OTE. Registered Ag | | uired when reinstating) | DATE | |
| 12. | P | OFFICERS AF | ND DIRECTOR | RS () | 13. | | ADDITIONS/CHANGES TO UFF | ICERS AND DIRECTORS IN 12 Change | |
| NAME | 1 • | GAST, CHARLES | | - Decem | 1.2 NAME | | | | |
| STREET ADDRESS | 5360 N.E. | | | | | T ADDRESS | | | |
| CITY - ST - ZIP | OCALA FI | | | | 1.4 CITY~ | | | | |
| TITLE | S | <u> </u> | | DELETE | 2.1 111LE | <u> </u> | PIDIS | Change Addition | |
| NAME | | IGAST , BARBARA | | | 2.2 NAME | | /-/- | | |
| STREET ADDRESS | 5360 N.E. | | | | 2 3 STREE | T ADDRESS | | | |
| CITY - ST - ZIP | OCALA FI | <u> </u> | | Dougra | 2. 4 CITY- | | * '** | | |
| TITLE | NA NA | PART DOLLOLAR | | ☐ DELETĒ | 3 1 TITLE | \V | PATION AST ON | Change Addition | |
| NAME CTOSET ADDRECC | | IGAST, DOUGLAS OND RAOD | | | 3.2 NAMÉ | · +DDDFep | PRENDERGAST, COURSES SE 56 MARS | 3 | |
| STREET ADDRESS CITY-ST-ZIP | OCALA FI | | | | 3.3 STREE 3.4 CITY- | T ADDRESS | DAIA FI 344 | 7 4 | |
| TITLE | VV/12111 | <u> </u> | · | DELETE | 4.1 TITLE | V | DID | ☐ Change 🔀 Addition | |
| NAME | | | | • | 4. 2 NAME | Č | MARLES W. "CAIP" | PREVOCABAST | |
| STREET ADDRESS | | | | | 4.3 STREE | T ADDRESS | BI PECAN UNIVE | | |
| CITY - S1 - ZIP | | | | | 4.4 CITY - | ST · ZIP | OCAIA P1 3448 | | |
| TITLE | | | | DELETE | 5.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME | | | | | 52 NAME | | | | |
| STREET ADDRESS | | | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | | DELETE | 5.4 City-1 | S1 - ZIP | | Change Addition | |
| TITLE | | | | LJ OLLEIL | 6.1 TITLE | | | Charge C Addition | |
| NAME STREET ADDRESS | | | | | 6.2 NAME | 1 ADDRESS | | | |
| CITY-ST-ZIP | | | | | 6.4 CITY - | - | | | |
| |) by certify tha | t the information suppli | ied with this fili | ing does not que | | | ed in Section 119.07(3)(i), Florida Statu | ites. I further certify that the | |

Too necests that the information supplied with this iming does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Forther certify that the information indicated on this annual report or supplemental annual seport 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 of an attacking with an address.