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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

161

| | 1 | Mailing Address 113 WEST WOODWARD P O BOX 659 EUSTIS FL 32726-4516 | | | | 3. Date Incorporated or Qualified Sa. Date of Last Report 02/27/1996 | | | | |
|--|---|--|--|--|--|--|--|--|--------------------------------------|------------------------------|
| 2. Principal F | Place of Business | | 2a. Mai | ling Address | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 03/31/1976 4. FEI Number | UZI | | plied For |
| 1 | Suite, Apt. #, etc. | | Suite, Apt #, etc. | | | | 59-1656482 | | | Not Applicable |
| _ | | | | | | | 5. Certificate of Status Desired | | \$8.75 Additions | |
| City & Sta | ite | | 27 City | / & State | | | 6. Election Campaign Financing | ······ | \$5.00 | |
|] | | | 28 | | | | Trust Fund Contribution | | Added 1 | |
| Zıp | Co | untry | Zip | | | Country | 8. This corporation has liability for | r intangible | tax under s. | 199.032, |
| 1 | 25 | | 29 | | 30 | | | Yes [| | |
| | 9. Name and A | | nt Registered | d Agent | | 81 Name | 10. Name and Address of New R | egistered / | igent | |
| | MENTO, LAWREN | | | | | 81 Name | | | | |
| | I NORTH BAY ST | REET | | | | 82 Street Add | dress (P.O. Box Number is Not Accepta | rple) | | |
| EU | STIS FL 32726 | | | | | 83 | | ···· | | |
| | | | | | | | | | | |
| | | | | | | 84 City | | FL | 85 Zip (| Code |
| 1. Pursuant office or agent. I a | t to the provisions of registered agent, or am familiar with, and | Sections 607.050 both, in the State accept the oblig |)2 and 607.19 of Florida. S ations of, Sec | 508, Florida S such change v ction 607.050 | tatutes, the vas authori 5, Florida S | above-named cor ized by the corpora statutes | rporation submits this statement for the ation's board of directors. I hereby acce | | changing it cintment as | s registered registered |
| IGNATURE | to the provisions of registered agent, or am familiar with, and | | out and little it app | ricable. RS | (NOTE: Regist | e above-named cor ized by the corpora Statutes lered Agent signature requi | | purpose of ept the appo | DIRECTOR | RS IN 12 |
| IGNATURE 2. | Signatur Type dier pentied | ow a chequiend ago OFFICERS AN | out and little it app | ncable. | (NOTE: Regist | tered Agent signature requ 3. 1 TITLE | uired when reinstating) | purpose of ept the appo | | |
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14. 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.

FILED

Jan 27 1997 8:00am

Secretary of State