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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 521818

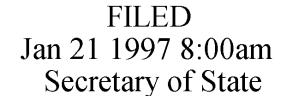
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	AIACTEDIC	CORPORATION	
٧L	MNOILLO	CONFORMIUM	

Mailing Address

RT.2. BOX 389E RT.2. BOX 389E





HAWTHORNE FL 32640		HAWTHORNE FL 32640-8123		·			
				·	3. Date incorporated or Qualified 01/10/1977		e of Last Report 15/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26			59-2519842		Not Applicat
Suite, Apt. #, etc.		Suite, Apt. #. etc.		5. Certificate of Status Desired	×	\$8.75 Additional Fee Required	
City & State)	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zιp	Country	Zip	Cour	try	8. This corporation has liability for	intangible t	ax under s. 199.032,
14	25	29	30			Yes [
	9. Name and Address of Curr	ent Registered Agent		14 N	10. Name and Address of New Re	egistered A	gent
	HARDSON, CHARLES		[]	31 Name	(SAME)		
	2, BOX 389E		Į.	32 Street A	Address (P.O. Box Number is Not Acceptal	ble)	
HAV	VTHORNE FL 32640		<u> </u>	20			
			ľ	83			
			Ī	84 City		FL	85 Zip Code
11 Ourceant t	to the previous of Sections 607 0	602 and 607 1509 Clorida Stat	utos the ab	oue pamod	corporation submits this statement for the		changing its register
agent Lar	eg stered agent, or both, in the Sta m famil ar with, and accept the obli				oration's board of directors. I hereby acce	pt the appo	entment as registere
SIGNATURE	Shout no by ent or print in time of regish took	event and alle if applicable (No	OTE: Registered	Agent signature	required when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PT	DELETE	1 1 111	.E [A. BOARD MEETI	MC し	Change Addit
NAME	RICHARDSON, THERESA		1.2 NAI	AE .	// An . O		man olilai
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STREET ADDRESS	ROUTE 2, BOX 389E		1 3 STF	EET ADDRESS	HELDAT ABOYE		
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CITY - ST - 70P TITLE	HAWTHORNE FL S	☐ DELETE	4 4 CIT 2.1 TiT	Y-ST-ZIP .E	A OUARUM BEI	YO PP	ESENT
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Information included 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 or harn 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 a pattachment with an address.