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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Principal Plac 1151 LARCHMO BOX 1283 ENGLEWOOD F	NT DRIVE L 34223-4625 Lace of Business	Mailing Address 1151 LARCHMONT DRIVE BOX 1283 ENGLEWOOD FL 34223-46  28. Mailing Address 26 Suite, Apt. #, etc.	325			3. Date Incorporated or Qualified 01/10/1977 4. FEI Number 59-1712943	Sa. Date o 02/16/1	996 Ap	
City & Stat	p	27 City & State			*****	Certificate of Status Desired     Bestion Campaign Financing		Fee Re	<del></del>
23		28				Trust Fund Contribution		Added t	
Zip	Country Zip 25 29 30			intry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25   9. Name and Address of Currer	29   nt Registered Agent	30]			10. Name and Address of New Re			
DIGA	NAM, THOMAS M			<b>81</b> Na	me				
1151 LARCHMONT DRIVE ENGLEWOOD FL 33533				<b>82</b> Str	eet Addr	ress (P.O. Box Number is Not Acceptab	le)		
Lito	CENTOOD IE 00000			83				<del></del>	
				<b>84</b> City			FL B	'	1
SIGNATURE	Stgnar we have lor posted name of registered age	ert and title if applicable (NO	TE: Registera			oration submits this statement for the pion's board of directors. I hereby accepted when reinstating)	DATE		
12.	PST OFFICERS AN			1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	S IN 12 Addition
TITLE	DIGNAM, THOMAS	בין טבנבוב	1.1 N					O HOLLY C	Last Addition
NAME STREET ADDRESS	1151 LARCHMONT DRIVE			rime Freet addre	ree				
CITY-ST-ZIP	ENGLEWOOD FL		- 1	TY-ST-ZIP	.50				
TITLE	D	DELETE	2.1 TI					Change	Addition
NAME	DIGNAM, THOMAS		2.2 N	AME					]
STREET ADDRESS			2.3 S	2.3 STREET ADDRESS					
CITY-ST-74P	ENGLEWOOD FL		2.40	ITY - ST - ZIP					
1/TLE		DELETE 3.11		LTE				Change	Addition
NAME			32 N						
STREET ADDRESS				TREET ADDRE	:88				
CITY-ST-ZIP TITLE		☐ DELETE	34. C	ITY - ST - ZIP			т	Change	Addition
NAME			4.2 N				-	- · · · · · · · · · · · · · · · · · · ·	1.2011017
STREET ADDRESS				reet addre	ESS				
CITY - ST - ZIP			4.4 C	ITY-ST-ZIP					
TITLE		☐ DELETE	5.1 7	TLE				Change	Addition
NAME			5.2 N	<b>IME</b>					
STREET ADDRESS			5.3 \$1	REET ADDRE	SS				
City-St-ZiP		T NECEST		TY-ST-ZIP	-			Chan	A plublation
TITLE		DELETE	6.1 Ti				Ц	Change	Addition
NAME	·		62 N		-00				
STREET ADDRESS			1	TREET ADDRE	:55				
CITY-ST-ZIP	L		<b>■</b> 6.4 C	TY-\$1-ZIP	1				

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 of investee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, or or an execution with an address.

SIGNATURE:

SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-47 471493 Date Pix

**FILED** 

Jan 30 1997 8:00am

Secretary of State

CR2E034