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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997		DIVISI	Secretary of State DIVISION OF CORPORATIONS			Secretary of State				
TRADES		Mailing Address								
_				i.			corporated or Qualified		ate of Last Re	eport
	Place of Business		2a. Mailing Address			02/09/ 4. FEI Nui 50-1		U4/4		plied For t Applicable
21 Suite, Apt	#, etc	26 Suite, Apt #,	etc.				ate of Status Desired		\$8.75	Additional
22 City & Sta	ite	27 City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust F	und Contribution		Added t	o Fees
Ζφ [24]	Country 25	Ζιρ 29	30	untry		i i	rporation has liability fo Statutes	r intangible Yes [199.032,
27]	9. Name and Address of Cu		1001	Ι			and Address of New F			
Shepherd, Helen e				81	Name		1			
585 ORTEGA ST SE				82	Street Ad	dress (P.O. Box	Number is Not Accepta	able)		
PAL	M BAY FL 32909			83	<u></u>					
				84	60.		· · · · · · · · · · · · · · · · · · ·		Tee 1 7 - 7	2-1-
					- 7			FL	85 Zip (ì
11. Pursuan office or agent 1 SIGNATURE	to the provisions of Sections 607 registered agent, or both, in the 5 am familiar with, and accept the c	7.0502 and 607.1508, Florid State of Florida. Such chan obligations of, Section 607.	da Statutes, the a ge was authorize 0505, Florida Sta	ibove ed by itutes	a-named co the corpor a.	rporation submi ation's board of	ts this statement for the directors. I hereby acc	purpose o	r changing its pointment as	s registered registered
	Signature, typied or printed name of registers			ed Age	nt signature red	ured when reinstating		DATE	N DIDCOTOR	D IN 40
12.	OFFICERS	S AND DIRECTORS	13.	ITLE		ADDITIC	NS/CHANGES TO OFF	ICERS AND	Change	S IN 12 Addition
NAME	SHEPHERD, EDWARD L	C. 0.		IAME						
STREET ADDRESS	585 ORTEGA ST., SE	_	135	THEET	ADDRESS					Ì
0/14 - S1 - ZH1	PALM BAY, FL 32907 3			ITY-S	T-ZIP					
T.TLE	V	X ₀				4			Change	Addition
NAME	SHEPHERD, EDWARD L. 585 ORTEGA ST., SE		1	IAME						
STREET ADDRESS	PALM BAY, FL 32907 3.	2909	2.4		ADDRESS ST-ZIP					ļ
CHY ST-ZIP	Shepherd 585 Ortego Palm Bay		LETE 3.17		2		!		Change	Addition
NAME	chepherd	, neen e	3.21	IAME						
STREET ADDRESS	585 Ortege	a st. se	335	TREET	ADDRESS	e de la companya de l	100			
City -51 - 714	Palm Bay	, <u>FL 3290</u>	7 34.1		ST-ZIP	·	· · · · · · · · · · · · · · · · · · ·		Change	Addition
T.TLF NAME		, L.J. DI		TILE NAME	\				Change	M YOUNGII
STECLT ADDRESS					ADDRESS					
Diff+St-ZiP			1	OTY-S	1					
THE		DI				·		W	Change	Addition
NAM's			5.27	NAME		1 to 1	· · · · · · · · · · · · · · · · · · ·	F"1	1/	
STREET ADDRESS			1		ADDRESS			7-14	''	
CI*Y -SF-7i2				HY-S	IT - ZIP			- \	Change	Addition
NAME		الــا الــا	1	iile Name	}	OI	000021. 04/15/97010	431		Modulon
STRELL AUDRESS					ADDRESS		04/15/97010)090	38	
045 62 20			1	ntv.c	1	9 :3	⊯165.00			

14. Log 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 inclinance 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

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Apr 14 1997 8:00am

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