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**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 525577

(3)

FILED
Apr 18 1997 8:00am
Secretary of State

1002	570 .	Mailing Address	\$.E.	<b></b>				
JAY, F	n Murchyld. -4.32565				3. Date incorporated or Qualified 02/07/1977		ate of Last /06/1996	•
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	I <u>V</u> FI		Applied For
<u> </u>	/	26			59-1765962		<del></del>	Vot Applicable
Suite, Apl	#, €IC.	Suite, Apt. #, etc.			6. Certificate of Status Desired		<b>+</b>	Additional Required
City & Stat	te	City & State	<del></del>		6. Election Campaign Financing			May Be
]		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability fo			s. 199.032,
	25	29	30			Yes	<del></del>	
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New F	tegistered	Agent	
110	DDICK, JAMES H 1 GULF BREEZE PARKWAY LF BREEZE FL 32561		83	2 Street Ad	ddress (P.O. Box Number is Not Accept	able)		*****
			84	4 City		FL	85 Zip	o Code
office or i agent Ta	to the provisions of Sections 607.05 registered agent, or both, in the Statam familiar with, and accept the obli	te of Florida Such change wat dations of, Section 607.0505.	s authorized b	by the corpo	ration's board of directors. I hereby acc	ept the ap	pointment a	s registered
IGNATURE	Signature: typest or printed name of registerest a	igent and tide if applicable (N	OTE: Registered As		quired when reinstating)	DATE		
IGNATURE	OFFICERS A	igent and tide if applicable (N ND DIRECTORS	OTE: Registered Ag	gent signature re		DATE	D DIRECTO	ORS IN 12
SIGNATURE 2.	OFFICERS A	igent and tide if applicable (N	OTE: Registered Ag	gent signature re	quired when reinstating)	DATE		ORS IN 12
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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.

SIGNATURE: