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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 12 1997 8:00am Secretary of State

	E Of Business STH AVE	Mailing Address 5149 NORTH 9TH AVE SUITE 104 PENSACOLA FL 32504-6		3. Date Incorporated or Qualified	3a. Date of Last R	
Principal P	lace of Business	2a. Mailing Address		05/11/1977 4. FEI Number	02/14/1996	plied For
		26		59-1732332	No	t Applicable
Suite, Apt.	#. otc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 / Fee Re	
City & Stat	C	City & State		6. Election Campaign Financing	\$5.00	
]		28			Added 1	
Zip	Country	Zip	Country	8. This corporation has liability for in		199.032
1	25 25 9. Name and Address of C	29	30	Florida Statutes X 10. Name and Address of New Reg	Yes No	
		urrent negistered Agent	81 Name	10. Name and Address of New Hegi	stered Agent	
514 SUI	Sper, J. Michael 19 North 9th Avenue Te 104			dress (P.O. Box Number is Not Acceptable	в)	
PEN	NSACOLA FL 32504		83			
			84 City		- 85 Zip (Code
	to the provisions of Sections 60 registered agent, or both, in the referriliar with, and accept the	17.0502 and 607.1508. Florida Stat State of Florida. Such change wa obligations of, Section 607.0505,	11	rporation submits this statement for the pu ation's board of directors. I hereby accept		s registered registered
1. Pursuant office or ragent. LaseGNATURE	Standard Special or printed name of register OFFICER		11		prose of changing it the appointment as	
egnature 2.	Stigner its 155% if the pointed name of register	erect agent and other happtivation (N SIS AND DIRECTORS	utes, the above-named cors authorized by the corpora Florida Statutes. OTE Registered Agent a gnature req. 13.	uired when reinstating)	rpose of changing it the appointment as	RS 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: