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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 541731

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SECRETARY OF STATE

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Suite, Apt	#, etc		pt. #, etc.			5, Certific	ate of Status Desired			Additional equired
2] City & Stat	ite	[27] City & S	tate			6 Flectio	Campaign Financing			May Be
3		28				J	and Contribution			to Fees
Z(p)	Country 25	Ζφ 29	,	Countr	'y		rporation has liability for Statutes	intangible l		s. 199.032,
:L	9, Name and Address of Curr		enl	1901			and Address of New R			
MO	OAT, JUDY			81	Name					
601	1 West gaines street Llahassee FL 32304			8:	2 Street	Address (P.O. Box	Number is Not Accepta	ble)	<u></u>	1111
•, •-				83	3					
				84	1 City		·	FL	85 Zip	Code
				torida Statute	88.					
12.	Signature, typod or printed name of registered	AND DIRECTORS		of E: Registered A	gent signature	required when re-instaling) PNS/CHANGES TO OFFI			
12. TOLE	OFFICERS A	AND DIRECTORS	DELETE	116: Registered A	gent signature			CERS AND	DIRECTOR Change	RS IN 12
12. TOLE NAME	OFFICERS A P MOAT, JUDITH A.	AND DIRECTORS		13. 1.1 TIYLE	gent signatura			CERS AND		
12. TOLE HAME STREET ADDRESS	P MOAT, JUDITH A. 5622 HOOVER CT.	AND DIRECTORS		13. 1.1 TIYLE 1.2 NAME 1.3 STREE	gen! signalure			CERS AND		
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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 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:

