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

**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

•	1997	DIVISION OF CO	ORPORATIONS	Societai	y or state
	MENT # 542374 NDERSON, INC.	(4)			
Principal Flace of Business Mailing Address 309 N DENVER AVE 313 E. OSOCIA STR STUART FL 34994 STUARF FL 34994-222				_	
US		•		3. Date Incorporated or Qualified 07/28/1977	3a. Date of Last Report 04/25/1996
21	ace of Business		enver Ane	4. FEI Number 59-1753674	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State	. FI	6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28 NLAPO	Country	Trust Fund Contribution	Added to Fees
24	25		USA	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Currer			10. Name and Address of New Re	gistered Agent
	Y, TERENCE B.		81 Name		
313 E. OSCEOLA STREET STUART FL 34994			82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
3107	WI LT 04994		83		·
			84 City	······································	BS Zip Code
					FL_ ``
11. Pursuant to office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was au	s, the above-named corp thorized by the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes.	• ,	
SIGNATURE	Signature, typical or printed name of registered age	int and tillo il applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	<del></del>
TITLE	D ANDEDOON DIANA D	☐ DELETE	1,5 TITLE		Change Addition
NAME	ANDERSON, DIANA P 309 N DENVER AVE		1.2 NAME		ľ
STREET ADDRESS CITY+ST-7IP	STUART, FL 00000		1.3 STREET ADDRESS		
TITLE	D	DELETE	1.4 CrTY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	KIELY, TERENCE B		2.2 NAME		
STREET ADDRESS	309 N DENVER AVE		2.3 STREET ADDRESS	* *	
0:1Y-\$1-7(P	STUART, FL 00000		2. 4 CITY-ST-ZIP		
TITLE	PST KIELY, SANDRA L	☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS	309 N DENVER AVE		3.2 NAME 3.3 STREET ADDRESS		ľ
CITY-ST-ZIP	STUART, FL 00000		3.4. CITY-ST-ZIP		
THEE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		}
CITY - ST - 7IP		DELETE	4.4 CITY-ST-ZIP		Change Addition
THE NAME		F-1 DEFEIR	5.1 TITLE 5.2 NAME		Ti cuantic Ti vacillo I
STREET ADORESS			5.3 STREET ADDRESS		
CITY-SI-ZIF			5.4 CITY - ST - ZIP		
THEE		☐ DELETE	6.1 TITLE	<u> </u>	Change Addition
NAME			62 NAME		
SUREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-70°			6.4 CITY-ST-ZIP		ĺ

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 opporation 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 inchanged, or on an attachment with an address.

**FILED** 

Apr 24 1997 8:00am Secretary of State