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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 545387

(3)

FILED
May 23 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 2080 W HWY 520 COCOA FL 32926 US Mailing Address PO BOX 3844 COCOA FL 32924 US									
			•			 Date Incorporated or Qualified 09/15/1977 		Date of Last R /01/1996	leport
	Place of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
Suite. Apr	A zho	Suite, Apt. #, etc.	·			59-1787885			ot Applicable
22	, n, e(c, , , , , , , , , , , , , , , , , , ,	27			•	5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired
City & Sta	de	City & State		·-···, ·		6. Election Campaign Financing		\$5.00	
23		28		····		Trust Fund Contribution		Added	to Fees
Zip Zin	Country	Zip	Cour	itry		8. This corporation has liability for	r intangibi		. 199.032,
24	25 9. Name and Address of Curr	29 rent Registered Agent	30			Florida Statutes 10. Name and Address of New F			-, , , , , , , , , , , , , , , , , , ,
GO	RDON, RICHARD			81 Nam					
463	6 N FRIDAY CIRCLE			82 Stree	et Addres	s (P.O. Box Number is Not Accept	able)		
CO	COA FL 32926								
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			Ī	84 City			FI	85 Zip	Code
office or agent _e t	am familiar with, and accept the ob	ate of Fidinga. Such change was digations of, Section 607.0505, F	lorida Statu	i by the c ites.	corporation	's board of directors. I hereby acc	opi me uj	•	
SIGNATURI	Stignature, hyperd or product riamer of registered	agent and title if applicable. (NC	OTE: Registered			when reinslating)	DATE		-
SIGNATURI	Stgrature, typeol or posted name of registered OFFICERS A			Agent signa		<u> </u>	DATE		-
SIGNATURI	Stignature, hyperd or product riamer of registered	agent and title if appricable. (NC AND DIRECTORS	OTE: Registered	Agent signal		when reinslating)	DATE	ND DIRECTOR	RS IN 12
SIGNATURI 12.	OFFICERS J DP GORDON, RICHARD 4836 N FRIDAY CIRCLE	agent and title if appricable. (NC AND DIRECTORS	13. 1.1 T/T	Agent signal	kure required v	when reinslating)	DATE	ND DIRECTOR	RS IN 12
SIGNATURI 12. TILE NAME SIREELALORESS CUTY-S1-74P	DP GORDON, RICHARD 4836 N FRIDAY CIRCLE COCOA, FL 00000	agent and title if appreciable. (NO AND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STF	Agent signal LE ME REET ADDRES Y-ST-ZIP	kure required v	when reinslating)	DATE	ND DIRECTOR Change	RS IN 12
SIGNATURI 12. THE NAME SIREH ADDRESS OITY-S1-78P HILE	DP GORDON, RICHARD 4836 N FRIDAY CIRCLE COCOA, FL 00000	agent and title if appricable. (NC AND DIRECTORS	13. 1.1 IVI 1.2 NAI 1.3 STF 1.4 CIT	Agent signa: LE ME REET ADDRES Y-ST-ZIP LE	kure required v	when reinslating)	DATE	ND DIRECTOR	RS IN 12
SIGNATURII 12. THE NAME STREET ADORESS CITY-S1-7AP THLE NAME	DP GORDON, RICHARD 4836 N FRIDAY CIRCLE COCOA, FL 00000 ST GORDON, ELVA R	agent and title if appreciable. (NO AND DIRECTORS	13. 1.1 T/7/ 1.2 NA 1.3 STF 1.4 C/7 2.1 T/7 2.2 NA	Agent signal LE ME REET ADDRES Y-ST-ZIP LE ME	t berluper equised v	when reinslating)	DATE	ND DIRECTOR Change	RS IN 12
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4. 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that an 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 12 if on an attachment with an address.

SIGNATURE:

GNATURY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/97

417633903C

Phone #