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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 547045

(5)

Principal Pla- 312 SOUTH L SUITE 1 LEESBURG FL		Mailing Address P.O. BOX 895517 LEESBURG FL 34789-5517 US	,		
US				 Date Incorporated or Qualified 09/01/1977 	3a. Date of Last Report 05/01/1996
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1816861	Not Applicable
Suite, Apt	t #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z·p	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
	ERMAN, JOANNE B		81 Name		,
	SOUTH LAKE STREET		82 Street Add	dress (P.O. Box Number is Not Acceptate	ole)
LEE	ESBURG FL 34748		83		
			63		
			84 City		FL 85 Zip Code
office or	it to the provisions of Sections 607 050 r registered agent, or both, in the State	02 and 607 1508, Florida Statu e of Florida Such change was	ites, the above-named co authorized by the corpor	proporation submits this statement for the pration's board of directors. I hereby acce	ourpose of changing its registered of the appointment as registered
office or agent I SIGNATURE	Signalize, typed product raine of registered as) Wereke	TE: Registered Agent signature req	ADDITIONS/CHANGES TO OFFICE	Mary /
SIGNATURE	Signature, typeral predica name of each sign cet may OFFICE RS AN	pept and trice in populable (NO	TE: Registered Agent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICE DO 1	Mary /
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14. I do hereby certify that the information supplied with this tiling 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 of 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:

FILED

Jan 14 1997 8:00am

Secretary of State