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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 548411

(8)

FILED
May 02 1997 8:00am
Secretary of State

		Mailing Address  4402 N. SHORE ROAD LYNN HAVEN FL 324444	1573					
					3. Date Incorporated or Qualified	3a. Date of	•	port
2. Principal I	lace of Business	2a. Mailing Address			10/04/1977 4. FEI Number	05/01/		lied For
21	THE OF LICENTAGE	26			59-1772344			Applicable
Suite, Apl	#, etc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	1 1 7 7	3.75 Ad	
22		27					Fee Req	
City & Stat	le	City & State			6. Election Campaign Financing Trust Fund Contribution	<b>S</b>	<b>5.00</b> M Added to	lay Be
23 Zip	Country	28 Zip	Country		This corporation has liability for it			
24	25	29	30	,		Yes No		188.002,
511	9. Name and Address of Cur		[		10. Name and Address of New Re	gistered Agen	t	
HA	NSON, SARA R.		81	Name	<del></del>			
	22 N. SHORE ROAD		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	<del></del>	
LYF	NN HAVEN FL 32444				·			
			83	<b>'</b>				
			84	City		FL  85	Zip Co	ode
\$4 Dura and	to the provision of Continue CO7.	0602 and 607 1609 Florida Statu	ttoc the above	in named core	poration submits this statement for the p		oging ite	registered
office of	registered agent, or both, in the S					e dan annaine	Lent ac re	poistered
agent La	am familiar with, and accept the ol	itate of Fiorida. Such change was ibligations of, Section 607.0505, F	authorized b Iorida Statute	y the corpora	tion's board of directors. I hereby accep	ot the appointm	ioni do re	у положи
agent La			authorized b Florida Statute	y the corpora es.	tion's board of directors. I hereby accep			
SIGNATURE	Significan type 3 or printed harmont registered	d agent and tile if applicable (NO	authorized beforida Statute	y the corpora es.	tion's board of directors. I hereby accepted when reinstating)	DATE		
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i. 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 porporation 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 12 or Block 15 if changed for on an attachment with an address.

SIGNATURE:

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HANSON

9-35-97

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