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



## Sandra R Mortham

COR	PROFIT CORPORATION ANNUAL REPORT			ARTMENT (  B. Morth  tary of State	am	TATE	Apr 21 1997 8:00am Secretary of State			
	1997 MENT #	557202	DIVISION OF	•		NS .	Secreta	пуо	ΙS	alc
EPSICO			Mailing Address	<u></u>						
160 S W 12TH AVENUE SUITE 103 DEERFIELD BEACH FL 33442  160 S W 12TH AVENUE SUITE 103 DEERFIELD BEACH FL 33442-3184							3. Date incorporated or Qualified 01/03/1978		of Last Re	eport
2. Principal Pl	ace of Business		2a, Mailing Address	***************************************			4. FEI Number	1 00/0		plied For
21			26			······································	59-1863970			t Applicable
Suite, Apt i			Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	;		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
Zip 24	25	Country	Zip 29	Country 30			8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes			
	- 1111,	Address of Current I	Registered Agent		241	A1	10. Name and Address of New Ro	glatered Ag	ent	
	RSO, PHILIP P.	62			81	Name				
160 SW 12 AVE #105					82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
DEERFIELD BCH, FL 33442					83					
					84	City			<b>85</b> Zip C	Code
		10						<u> </u>		}
office or re	egistered agent, o	r both, in the State of	f Florida. Such change was	s authorize	d by	the corporat	oration submits this statement for the ion's board of directors. I hereby acce	purpose of c pt the appoi	nanging its ntment as	s registered registered
_	m tamiliar with, ar	id accept the obligati	ons of, Section 607.0505, I	Florida Star	utes					
SIGNATURE	Signature Typed or prin	ed name of registered agent.		OTE Registere	d Ager	nt signature requir	ed when reinstating)	DATE		
<b>12.</b>	PD	OFFICERS AND	DIRECTORS	13.	13.		ADDITIONS/CHANGES TO OFFI		Change	S IN 12
NAME					1.1 INLE 1.2 NAME			_	a comige	
STREET ADORESS		H AVENUE #105		1.3 \$	REET	ADDRESS				
CITY-ST-Zip	DEERFIELD E	CH, FL 00000		1.4 CI	TY-\$1	r-ZIP				
TITLE			DELETE	2.1 Ti				Ľ	Change	Addition
NAME				2.2 N		4000000				
STREET ADDRESS CITY+S1-7IP					ITY-S	ADDRESS				
THE			DELETE	3.1 TI		1-211	<u> </u>		Change	Addition
NAME				3.2 N	AME	1				ļ
STREET ADORESS						ADDRESS				
CITY -ST - ZiP TITLE			DELETE	3.4. C	ITY - S Ti F	1 - ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				4.2 N				Ļ	gu	
STREET ADDRESS				4.3 S	rreet .	ADDRESS				
CITY-ST-ZIP					TY-\$1	1 - 21P		<del> </del>	7.0	
THE			☐ DELETE	5.1 Ti				L	] Change	Addition
NAME STREET ADDRESS				5.2 N		ADDRESS				ļ
CITY-ST-ZIP					ity-\$1					Į
TITLE			DELETE	61 T			······································		Change	Addition
NAME				6.2 N	AME					
STREET ADDRESS				1		ADDRESS				ĺ
CHY-SI-ZIP	ov certify that the	information supplied	with this filing does not gue		exer		I in Section 119.07(3)(i), Florida Statuti	es. I further o	ertify that	the
informatio Lam an ol	n indicated on thi flicer or director c	s annual report or sup fithe corporation or th	oplemental annual report is	s true and a owered to	accu	rate and that	my signature shall have the same leg 1 as required by Chapter 607, Florida	al effect as if	made und	der oath; that

SIGNATURE:

TI QUINTI SIGNATURE AND TWEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

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