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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 579492

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FILED
May 05 1997 8:00am
Secretary of State
2

Principal Pla 1401 BCH RD APT 201 ENGLEWOOD		Mailing Address 1401 BCH RD APT 201 ENGLEWOOD FL 34223	·4250						
US	US	O'ESV TESS			3. Date Incorporated or Qualified 07/19/1978	3a. Date of Last Report 07/08/1996			
2. Principal 21	Place of Business	2a. Mailing Address 26	·····			4. FEI Number 59-1854994		Ap	plied For Applicable
Suite, Apt	l. #, etc.	Suite, Apt. #, etc.				6. Certificate of Status Desired	X	\$8.75 A	
City & Sta	ate	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Z _i p 29	30 Cot	untry		8. This corporation has liability for in Florida Statutes		tax under s. No	199.032,
	9. Name and Address of Curr	ent Registered Agent	· · · · · · · · · · · · · · · · · · ·			10. Name and Address of New Reg	lstered .	Agent	
JEN	NKINS, SYLVIA O			81	Name				
AP1	01 BCH RD T 201			82	Street Addre	ess (P.O. Box Number is Not Acceptab	e)		
ENC	GLEWOOD FL 34223			83					
				84	City		FL	85 Zip (Code
11. Pursuan office or agent. I SIGNATURE		502 and 607,1508, Florida State of Florida. Such change wigations of, Section 607.0505	atutes, the a as authorize . Florida Sta	above ed by atutes	e-named corpo	oration submits this statement for the pon's board of directors. I hereby accep	urpose of t the app	changing its ointment as	s registered registered
	Signature, typed or printed name of registered a			ed Age	ent signature require		DATE		
12.	OFFICERS A	ND DIRECTORS DELETE	13.	TITLE		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR:	S IN 12
NAME	JENKINS, SYLVIA O	had bearing	1.2 N						7,00,00
					ADDRESS				
STREET ADDRESS	1401 BEACH RD.,#201		138	THEET					
STREET ADDRESS CITY+ST-ZIP	s 1401 BEACH RD.,#201 ENGLEWOOD, FL 00000			STREET Sty-s:					
		DELETE		HTY-S			······································	Change	Addition
CAY+ST-ZIP		DELETE	1.4 0	HTY-S				Change	Addition
C-TY - ST - ZIF	ENGLEWOOD, FL 00000	DELETE	1.4 G 2.1 Ti 22 N	HTY-S' TITLE NAME			-	Change	Addition
CITY - ST - ZIP TITLE NAME STHEET ADDRESS CITY - ST - ZIP	ENGLEWOOD, FL 00000		1.4 G 2.1 Ti 22 N 23 S 2.4 G	CITY-S' TITLE LAME STREET CITY-S	T-ZIP ADDRESS				
CHY-ST-2IP THEE NAME STREEL ADDRESS CHY-ST-ZIP THEE	ENGLEWOOD, FL 00000	☐ DELETE	1.4 6 2.1 TI 22 N 23 S 2.4 C 3.1 FI	OTY-S TITLE LAME STREET CITY-S	T-ZIP ADDRESS			Change Change	
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CHY-ST-ZIP THEE NAME STHELL ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS	ENGLEWOOD, FL 00000		1.4 C 2.1 Ti 22 N 23 S 2.4 C 3.1 Ti 32 N 3.3 S	OTY-S'ITLE IAME STREET CITY-S TITLE IAME STREET	ADDRESS ADDRESS ADDRESS				
CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ENGLEWOOD, FL 00000		1.4 C 2.1 Ti 22 N 23 S 2.4 C 3.1 Ti 32 N 3.3 S	CITY-S' ITLE IAME STREET CITY-S ITLE IAME STREET CITY-S	ADDRESS ADDRESS ADDRESS				
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City-ST-2#P TITLE NAME STRELL ADDRESS CITY-ST-2#P TITLE NAME STRELF ADDRESS City-ST-2#P TITLE	ENGLEWOOD, FL 00000	☐ DELETE	1.4 C 2.1 Ti 22 N 23 S 2.4 C 3.1 Ti 32 N 33 S 34 C 4.1 Ti 4.2 N	CITY-S' ITLE IAME STREET CITY-S ITLE CITY-S ITLE NAME	ADDRESS ADDRESS ADDRESS			Change	Addition
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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 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 if changed, or on an attachment with an address.

(941)474-2137