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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 588294

(9)

FILED May 23 1997 8:00am Secretary of State

| Principal Place of Business Mailing Address 3170 GULF OF MEXICO DR. LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 | | | | | | |
|--|---|--|---|--|--|---|
| | | | | Date Incorporated or Qualified 10/02/1978 | 3a. Date of Last Re 04/23/1996 | port |
| 2. Principal l | Place of Business | 2a. Mailing Address | | 4. FEI Number | | plied For |
| 21 | | 26 | | 59-1848214 | | t Applicable |
| Seite Ap: | t. #, eta. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 A | |
| City & Sta | alo | City & State | | Fig. Complete Fig. 1 | | |
| 23 . | 410: | 28 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added to | |
| Zip | Country | Zip | Country | 8. This corporation has liability for | | |
| 24 | 25 | 29 | 30 | | Yes No | 100.002 |
| | g. Name and Address of Curren | t Registered Agent | | 10. Name and Address of New F | Registered Agent | |
| FAL | lls, arthur J. | | 81 Name | | | |
| 330 | 3 RINGWOOD MEADOW | | 82 Street Ad | Idress (P.O. Box Number is Not Accept | able) | |
| SAF | rasota fl. 34235 | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | 83 | | | |
| | | | 84 City | | 85 Zip (| Code |
| | | | | | | |
| agent. I | am familiar with, and accept the oblig- | ations of, Section 607.0505, FI | orida Statutes. | rations bound of directors. This objector | opt the opposite home as | · ogioloi o a |
| agent. I SIGNATURE | | ON) ektableçe i setit one ine | Orida Statutes. TE: Hegislerad Agent signature rec | orporation submits this statement for the ration's board of directors. I hereby accurate when reinstating) ADDITIONS/CHANGES TO OFF | DAYE | |
| SIGNATURE | Signature typos or printed name of registered age | ON) ektableçe i setit one ine | TE: Hegislered Agent signature rec | quired when reinstailing) | DAYE | |
| SIGNATURE | Signature hyper or printed hank of registered age OFFICERS AN CD FALLS, ARTHUR J. | ent and title if applicable (NOI D DIRECTORS | TE: Flegislered Agent signature rec | quired when reinstailing) | DATE FICERS AND DIRECTOR | S IN 12 |
| SIGNATURE 12. 1010 | Signature bytes of printed hank of registered age OFFICERS AN CD FALLS, ARTHUR J. 3170 GULF OF MEXCO DR | ent and title if applicable (NOI D DIRECTORS | TE: Hegislered Agent signature red 13. 1.1 TITLE | quired when reinstailing) | DATE FICERS AND DIRECTOR | S IN 12 |
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14. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

4/30/97

991 377 2699 Daytine Phone #