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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-7IP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1997	DIVISION OF C	ONF ONATIONS	
DOCUI	MENT # 590504	4 (7)		
	OROUGH LAND SALES, IN	C.		A DAGEN HOLD TRAIL BAIRS
Principal Place of Business		Mailing Address	***************************************	יספר זישום ויפוס ויסוס ויסוס ווסוס ווסוס וונסס ווווס ווווס אווכס אווכוס וווויס אווסוס ווווס ווויס ווויס
502 LISA LANI BRANDON FL		502 LISA LANE Brandon FL 33511-6023		
				3. Date Incorporated or Qualified 10/19/1978 3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
1 Suite, Apt.	# oto	26		59-1923352 Not Applicable \$8.75 Additional
City & State		27 City & State		5. Certificate of Status Desired Fee Required
3		28		6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for htangible tax under s. 199.032, Florida Statutes Yes No
4	25 9. Name and Address of Curre		30	Florida Statutes
COL	RPORATION INFORMATION SER		81 Nam	
AAAA MAYA ATREET			B2 Stree	eet Address (P.O. Box Number is Not Acceptable)
	LAHASSEE FL 32301		31100	504 LISA LANE
			83	
			84 City	y 85 Zip Code
				BRANDON FL 33511
CIONIATION	rn farmiliar with, and afficient the oblig Stgrature, their or profice name obliginaried ag	Mury		med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered nature required when reinstating) DATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	POV	☐ DELETE	1.1 TITLE	Change Addition
NAME	YOUNG, WILLIAM H.		1.2 NAME	
STREET ADDRESS	502 LISA LANE		1.3 STREET ADDRESS	1
CITY-ST-ZIP (TITLE	BRANDON FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME		C DESCRE	2.2 NAME	יייי אויייייי אוייייייי אוייייייייייייי
STREET ADDRESS			2.3 STREET ADDRESS	FSS .
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		DELETE	3 1 T/7LE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	ESS
CITY+ST-ZIP			3.4. CITY-ST-ZiP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY ST-ZIF	·······	DELETE	5.1 TITLE	Change Addition
name			5.2 NAME	The country
STREET ADDRESS			5.3 STREET ADDRESS	res
CITY-ST-ZIP			5.4 CITY+ST-ZIP	}
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	NESS

64 CITY-ST-ZIP

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 or the receiver of the corporation of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name SIGNATURE:

FILED

Apr 08 1997 8:00am

Secretary of State