## **PROFIT**



## **FILED** FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Apr 11 1997 8:00am COLUMN TO FLORIDA DEPARTMENT OF STATE

ANNU	Poration IAL REPORT <b>1997</b>	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
	MENT # 59	90745 F COMPANY	(6)							
ILINOLI		C OOM 744							. <b>. )</b> )	
Principal Place of Business Mailing Address								JUL BIDAH BADAH DI	JULI 0464 9104	<b>41\$11 1\$41</b>
5436 CLIFF ST. P. O. BOX 593 GRACEVILLE FL 32440			5436 CLIFF STR PO BOX 583 GRACEVILLE FL 32440-0583				9 Date la presentat de Qualifica	9a Dat	e of Last Re	anast T
US		UŞ	,				<ol> <li>Date Incorporated or Qualified</li> <li>10/31/1978</li> </ol>	J	e of Last Re 17/1996	port
2. Principal Pl	ace of Business	26.	Mailing Address				4. FEI Number	<b>Y</b> J		plied For
21	L. etc.	26	Cuita Ant # ata				59-1860293			t Applicable
Suite, Apt i	₩, etC	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>\$8.75</b> A Fee Rei	
City & State	)	28	City & State	·			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
<b>[23]</b> Zip	Count	Zıp	Country 30			8. This corporation has liability for intangible tax under s. 199 032,				
24	25 29 29 9. Name and Address of Current Registered Agent				г	<del></del>	Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	·		ered Agent		81	Name	10. Name and Address of New H	egistereo A	geni	
HENDERSON, WALTER I.							de la Contraction de la Alexander	-1-1-1		
Y	JOERT OIII				82	Street Add	dress (P.O. Box Number is Not Accepta	ine)		
GRA	CEVILLE FL 32440				83					
					84	City		FL	85 Zip C	Code
agent, Lar SIGNATURE	n familiar with, and ac	cept the obligations of,	, Section 607.0505, F	lorida Sta	lutes	S.	rporation submits this statement for the ation's board of directors. I hereby acc		changing its intment as i	s registered registered
12,		ne of regulated agent and the i DELICERS AND DIREC		TE Hugistere	d Age	ent signature requ	vired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	S IN 12
DILL	PD		DELETE	1.1 11	TLE				Change	Addition
NAME	HENDERSON, WA	llter t.		1.2 N	AME					{,
STREET ADDRESS	988 12TH AVE			1.3 \$	TREET	ADDRESS				);
Cr) y - S1 - ZiP	GRACEVILLE FL		DELETE	1.4 C 2 1 T		T-ZIP			Change	Addition
TIPLE NAME	std Henderson, He	I FN F	C), precest	2 · 11				L	Change	F"] Monitori
STREET ADDRESS	988 12TH AVE	LLIT L.				ADDRESS				ļ
City+\$1-76°	GRACEVILLE FL			2 4 0	HY-	ST-ZIP				
1111.15			☐ DELETE	3.1 7	TLE	1		1	Change	Addition
MME				3.2 N						}
STEEL LABORESS						ADDRESS S1-ZIP				
CHY-S1-200 Title			DELETE	417		51-211			Change	Addition
NAM				4.21	AME	Ì				ł
STREET ADDRESS				4.3 \$	TREET	ADDRESS				1
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TITLE			DELETE	5.1 (				t	Change	L Addition
NAME STREET ADDRESS				5.2 N 5.3 S		ADDRESS				{
CHY-ST-ZIP				- 8		ST-ZIP				ł
BITLE			☐ DELETE	6.1 1		-			Change	Addition
NAME				6.2 N	AME					
STREET ADDRESS				6.3 S	TREET	ADDRESS				ĺ
C114 - S1 - 719			is filling door not sug			ST-ZIP	ed in Section 119 07/3Vi). Florida Statu	tos Liudhar	oorlike that	the

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 as uppermental 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 efficient or direction of the conformation or the receiver or truefee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if grantified, or on an attachment with an address.