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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 598189

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Γ	'ILEL	J
Apr 03	1997	8:00am
Secret	ary o	f State

Principal Place of Business ion 1 & Tamiami Trail VOKOMIS FL 34275 JS		Mailing Address 1011 S TAMIAMI TRAIL NOKOMIS FL 34275-3108 US		Date Incorporated or Qualified	3a. Date of La	st Report
2. Principal Place of Busine		2a. Mailing Address	·	12/22/1978 4. FEI Number	08/07/199	6 Applied For
	33	26		59-1862452	-	Not Applica
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
City & State		City & State		6. Election Campaign Financing		00 May Be
3		28		Trust Fund Contribution		led to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		or s. 199,032,
4 2 Name s	nd Address of Curren	29 29 Agent	30]	Florida Statutes L 10. Name and Address of New Re	Yes No	
KRAUSE, THOMA		. Hogistores Agent	81 Name	10. Hambone Headous of Head He	ogiototo rigoti.	
1011 S. TAMIAMI			82 Street Add	dress (P.O. Box Number is Not Acceptate	hle)	
NOKOMIS FL 342			L	areas (1.0. box remoci is not recopial		
			83			
			84 City		FL 85 2	Zip Code
Priregant to the provision	ns of Sections 607 050	2 and 607 1508 Florida Statu	tos the above-named cor	noration submits this statement for the		a its register
agent. I am familiar with	nt, or both, in the State, and accept the obligation	ations of, Section 607.0505, Fi	authorized by the corporal lorida Statutes. 11. Registered Agent signature requ	poration submits this statement for the pation's board of directors. I hereby acce	pt the appointment	l as registere
agent. I am familiar with SIGNATURE Signature, typed or 12.	, and accept the obliga	ations of, Section 607.0505, Fi or and title if applicable (NO DIRECTORS	orida Statutes. Registered Agent signalure requestions.		DATE CERS AND DIRECT	ORS IN 12
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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 logal effect as if made under that 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 named appears in Block 12 or Block 13 if changed or on an asachment with an address.