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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1.	Corporation		# 60577 RIAL SERVICE, I		(1)										
Pr	incipal Place	e of Busines	is	Mailir	ng Address		<u></u>			T SOOM HIR HAND HAND ON HOLD ON THE				JH FFBH	HH
1580 COUNTRY LANE TITUSVILLE FL 32780-4318					1580 COUNTRY LANE YITUSVILLE FL 32780-4308										
										Date Incorporated or Qualif 01/05/1979	ied	3a. Date of Last Report 05/01/1996			
Principal Place of Business 1				2a. M	2a. Mailing Address 26				4. FEI Number Applied For S9-1880111 Not Applied For						
Suite, Apt. #, etc.					Suite, Apt. #, etc.				Б.	Certificate of Status Desired	<u> </u>		\$8.75 Fee	Addit Requir	
	Orty & State				City & State				ł	Election Campaign Financir Trust Fund Contribution	ng	П	\$5.0	0 May	
23	Zφ		Country	28 Zi	D .	Cou	intry			This corporation has liability	, for in				
24			25	29	r	30	,		_ I	Florida Statutes		Yes		5 . 158	7.032,
<u> = : </u>		9. Name	and Address of Cui		ed Agent	1447				Name and Address of Nev					
	PAR	KER, SAMI	JEL D		81	Name									
1580 COUNTRY LANE								Street Addre	ess (P.	O. Box Number is Not Acce	ptabl	e)	n 		
TITUSVILLE FL					83							······································			
							84	City				FL	85 Z	p Code	<u></u>
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registagent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE													gistered stered		
		Signature, typed	for printed name of registeres				d Age	nt signature require				DATE			
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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 arm 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

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

EQUIR Emdel Parker 4-30-97

SIGNATURE:

STREET ADDRESS

City - ST-7IP

FILED

May 12 1997 8:00am

Secretary of State