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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNI 	JAL REPORT, Secretary of State  1997 DIVISION OF CORPOR		-		Secretary of State				
	MENT # 6 OWER, INC.	627063	(1)	- 1 + F		I INDIAN DIANG KATU PROMI DANG BIKAD UMI D	1811 BIBIT BIBIT BIBIT BIBIT I	titil ital	
Principa: Plac	ce of Business	Maili	ng Address		<del></del>		NG CARANTALAN SANTALAN SANTAL	<b>Jag</b> ik ( <b>4.8</b> )	
7780 RIDGE RI SEMOINOLE FI US	D	7790	7790 RIDGE ROAD SEMINOLE FL 33772-5248						
						3. Date Incorporated or Qualified 06/21/1979	3a. Date of Last R 05/01/1996	eport	
2. Principal F	Place of Business	2s. № 26	failing Address			4. FEI Number 59-1915423		pplied For of Applicable	1
Suite, Apt	#, etc		uite, Apt. #, etc				\$8.75		1
22		27		····		6. Certificate of Status Desired	Fee He	- <u>i</u>	
Orty & Sta	te	28	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 Added		
Z <sub>(P</sub>	Co		ip	Cou	ntry	8. This corporation has liability for in			1
24	25	29		30			Yes No		_
000		ddress of Current Register	ed Agent		81 Name	10. Name and Address of New Reg	Jistered Agent		1
	WER, WILLIAM M O RIDGE RD.			į			125		-
	MNOLE FL 34642				82 Street Add	dress (P.O. Box Number is Not Acceptable	ie)		
					83				1
					84 City		85 Zip	Code	{
11 Ouroant	to the projection of	Sections 607 0502 and 607	1509 Florida Statu	ton the at	Sup pamed co	receives submite this statement for the re	FL 65 Zip	re registered	┨
office or	registered agent, or	both, in the State of Florida.	Such change was	authorized	by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appointment as	registered	
SIGNATURE	arts or the trong the	accept the obligations of t	, 10000, Th	origa bias	J. C.				1
<u></u>	Signature, typed or prailor	name of registered agent and title if a			Agent signature requ	uired when reinstating)	DATE		_
12.	PD	OFFICERS AND DIRECT	ORS DELETE	13. 1.1 JU	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	Addition	18
NAME	GOWER, BILL		C) been	1.2 NA			change	riddition	2)
STREET ADDRESS		AD		1	REET ADDRESS			,	18
CITY - S1 - ZIP	SEMINOLE FL	. •						1	ıш
TITLE				1.4 (1)	ì				١Ñ
			DELETE	1.4 CII 2 1 TIT	ry-st-zip		Change	☐ Addition	CR2E034 (9/96)
NAME			☐ DELETE		TY-ST-2IP LE		Change	Addition i	CR2
NAME Street address			☐ DELETE	2 1 TIT 2.2 NA	TY-ST-2IP LE		☐ Change	Addition	CR2
STREET ADDRESS CHTY-ST-702				2 1 TIT 2:2 NA 2:3 ST 2:4 CI	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP			resulton	
STREET ADDRESS CHY-ST-701 TITLE			☐ DELETE	2 1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE		Change	Addition	
STREET ADDRESS CHY-ST-7IP TITLE NAME				2 1 TIT 22 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA	TY-ST-ZIP  LE  ME  REET ADORESS  TY-ST-ZIP  LE  ME			resulton	
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STREET ADDRESS CITY-ST-709 TITLE NAM: STREET ADDRESS CITY-ST-ZE				2 1 TIT 22 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI	TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP			resulton	
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STREET ADDRESS CHY-ST-70P TITLE NAM: STREET ADDRESS CHY-ST-Z-P TITLE NAME			DELETE	2 1 TIT 22 NA 23 ST 2 4 CC 3 1 TIT 32 NA 33 ST 34 CC 4.1 TIT 4.2 No 4.3 ST	TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  AME  AME		Change	Addition	
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STREET ADDRESS CHY-SI-70P TITLE NAM: STREET ADDRESS CHY-SI-2P HITE NAME STREET ADDRESS CHY-SI-70P TITLE NAME STREET ADDRESS CHY-SI-70P			☐ DELETE	2 1 TIT 22 NA 23 ST 2 4 CC 3 1 TIT 3 2 NA 3 3 ST 3 4 CC 4 1 TIT 4 2 NA 4 3 ST 4 4 CC 5 1 TIT 5 2 NA 5 3 ST 5 4 CC	TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP		☐ Change ☐ Change	Addition Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAM: STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TABLE TAB			☐ DELETE	2 1 TII 22 NA 23 ST 2 4 CC 3 1 TII 3 2 NA 3 3 ST 3 4 CC 4 1 TII 4 2 NA 4 3 ST 4 4 CC 5 1 TII 5 2 NA 5 3 ST 5 4 CC 6 1 TII	TY-ST-ZIP  LE  ME REET ADDRESS TY-ST-ZIP  LE  ME REET ADDRESS TY-ST-ZIP  LE  AME REET ADDRESS TY-ST-ZIP  LE  ME REET ADDRESS TY-ST-ZIP  LE  ME REET ADDRESS TY-ST-ZIP  LE		☐ Change	Addition	
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14. + 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.

URE AND TYPED OR PRINT D NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

Apr 28 1997 8:00am