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**

DOCUMENT # 637041

(5)

5500 NORTH CORP.

Principal Place of Business

Mailing Address

5500 N ATLANTIC AVE COCOA BEACH FL 32931 5500 N ATLANTIC AVE COCOA BEACH FL 32931-3765

FILED Feb 07 1997 8:00am Secretary of State

3a. Date of Last Report

01/29/1996



3. Date Incorporated or Qualified

09/21/1979

					VV/= 1, 10.0			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number 59-1953019			oplied For ot Applicable
21	H. ato	Suite, Apt. #, etc.						Additional
Suite, Apt	#, eic	27			5. Certificate of Status Desired		Fee R	equired
City & Sta	ite	City & State		 	6. Election Campaign Financing	_	\$5.00	May Be
23		28			Trust Fund Contribution	<u> </u>		to Fees
Zip	Country Zip			Country 8. This corporation has liability for intangible tax under a 100.			100.099	
	9. Name and Address of Curren	t Registered Agent	<u> </u>		10. Name and Address of New Re	distant /	gent	
DOS	SON, ROGER W		81	Name				
5500 N ATLANTIC AVE COCOA BEACH FL FL				Comment of the Commen				
				Street Address (P.O. Box Number is Not Acceptable)				
000	SOA BEACHTETE		83					· · · · · · · · · · · · · · · · · · ·
		•	<u> </u>				· · · · · · · · · · · · · · · · · · ·	
			84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the above	e-named corp	oration submits this statement for the	purpose of	changing if	s registered
office or	registered agent for both, in the State am familiar with, and accept the obliga	of Florida. Such change was	authorized by	the corporati	ion's board of directors. I hereby acce	pt the appo	ointment as	registered
3	an ransial with and accept the oxige	1110/13 01, Decition 001.0000, 1	IOTOG Statutes					
SIGNATURE	Signature, type for printed name of registered age	ent and title if applicable (NC	TE: Registered Age	int signature require	ad when reinstaling)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	3S IN 12
THILE	VD	DELETE	1.1 TITLE				Change	Addition Addition
NAME	RISLEY, FRANCES S		1.2 NAME					
STREET ADDRÉSS	3080 N ATLANTIC AVE		1.3 STREET	ADDRESS				
CrTY - ST - ZiP	COCOA BCH, FL 00000		1.4 CITY - S	1-ZIP				
TITLE	PO	DELETE	2 1 TITLE				Change	☐ Addition
NAME	DOBSON, ROGER W		2.2 NAME					
STREET ADDRESS	5500 NORTH ATLANTIC AVE.		2.3 STREET	ADDRESS				
CITY - S1 - ZIP	COCOA BEACH FL		2. 4 CITY-1	ST-ZIP		·		
TITLE	SD	☐ DELETE	3.1 TITLE				Change	Addition
NAME	BJERNING, EUGENE K		3.2 NAME					
STREET ADDRESS	5500 NORTH ATLANTIC AVE.		3.3 STREET	ADDRESS				
CITY - ST - ZIP	COCOA BEACH FL							
			3.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.4 CITY-1 4.1 TITLE	ST-ZIP			Change	Addition
		☐ DELETE		ST-ZIP			Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
TITLE NAME			4.1 TITLE 4. 2 NAME	ADDRESS				
TIFLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET	ADDRESS			Change Change	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-5	ADDRESS	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE			4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-5 5.1 TITLE	ADDRESS ST-ZIP	· ·			
TITLE NAME STREET ADDRESS GITY - ST - ZIP TITLE NAME		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STHEET ADDRESS			4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STHEET ADDRESS CITY+ST-ZIP		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS ST-ZIP			Change	Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CITY - ST - ZIP		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME 6.3 STREET	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	d in Section 119.07(3)(i), Florida Statut		☐ Change	Addition

ATUNGANO TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOBO DOSE

125 197 407 255008 8