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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 05 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

Principal Place 925 S.TAMIAMI P.O. BOX 337		Mailing Address 925 S.TAMIAMI TRAIL P.O. BOX 337			
VENICE FL 34285		VENICE FL 34285-3630		3. Date Incorporated or Qualified 3a. Date of Last Report	
				,	05/01/1996
2. Principal f	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	W. a.s.	26		59-1952687	Not Applicable
Suite, Apt	#, &tC	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	100	28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation has liability for intan	
24	25	29	30	Florida Statutes Ye	s 🗌 No
	9. Name and Address of Cur-	rent Registered Agent		10. Name and Address of New Regist	ered Agent
	., JAMES C		81 Name		
	S. TAMIAMI TRAIL		62 Street Add	lress (P.O. Box Number is Not Acceptable)	
VEN	ICE FL 34285		83		
			84 City		FL 85 Zip Code
11. Pursuant office or agent. I	ite the previsions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob	0502 and 607 1508, Florida Statuate of Florida. Such change was ligations of, Section 607 0505, F	ites, the above-named cor authorized by the corpora lorida Statutes.	poration submits this statement for the purportion's board of directors. I hereby accept the	ose of changing its registered a appointment as registered
SIGNATURE	Signar in Pyting or printed function registered	accent and title if applicable (NO	TE: Registered Agent signature requi	irad when reinstating) D	ATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HILL, ELIZABETH A		1.2 NAME		
STREET ADDRESS	605 FOUR BAYS DRIVE		1.3 STREET ADDRESS		
CDY+S1-7P	NOKOMIS, FL 00000		1.4 CITY-ST-ZIP		
11111	PD	☐ DELETE	21 TITLE		Change Addition
NAME	HILL, JAMES C		22 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-70P	NOKOMIS, FL 00000	DELETE	2.4 CITY - ST - ZIP		Change Addition
TITLE		[1] Diffelt	3.1 TITLE 3.2 NAME		Fil Addition
NAME Processinguese			3.2 NAME 3.3 STREET ADDRESS		
STREET ADORESS CITY - ST - 20F			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CHY+ST-ZIP			4.4 CITY - \$T - ZIP		
TIPLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-S*-ZiP		- Berry	5.4 CHTY-ST-ZIP		Change Ladinger
TITLE		☐ DEFELE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14 I do herr	hely certify that the information super	olied with this filing does not out	6.4 CITY-SI-70	ed in Section 119.07(3)(i), Florida Statutes. I 1	further certify that the
informati	ion indicated on this annual report of officer or director of the corporation	or supplemental annual report is	true and accurate and the wered to execute this rep.	of my signature shall have the same legal effort as required by Chapter 607, Floride Statu	ect as if made under oath; that