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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 09 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

| | | (4) Mailing Address 235 SW 11TH PL | | | 7 | | | | |
|--------------------------|--|------------------------------------|---------------------|----------------------------|---------------|--|--|-----------|----------------------|
| P.O. BOX 130 | 9 | P.O. BOX 1309 | O. BOX 1309 | | | | | | |
| GAINESVILLE | rl 32802 | GAINESVILLE FL 32602-13 | U.S | | | 3. Date Incorporated or Qualified | 3a. Date of | ast Re | port |
| | Paris to a company to the same than the same | | | · | | 06/13/1980 | 03/15/1 | 996 | |
|) | Place of Business | 2a. Mailing Address | | | l | 4. FE(Number | } | | olied For |
| State Apt | # etc | Suite, Apt. #, etc | | | | 59-2003958 | □ \$8 | | Applicable dditional |
| 22 | | 27 | ·.— ··— | | | Certificate of Status Desired | | ee Req | |
| City & Stat | (C) | City & State | | | | 6. Election Campaign Financing | | 5.00 k | |
| 23 Z _(p) | Country | 28 | Coun | try | | Trust Fund Contribution 8. This corporation has liability for its | | dded to | |
| 24 | 25 29 30 | | | Fiorida Statutes Yes No | | | | | |
| | 9. Name and Address of Curren | t Registered Agent | | Name | | 10. Name and Address of New Rec | istered Agent | | |
| | SEN, KARL THE | | [| Name | | | | | |
| | S. W. 11TH PLACE INESVILLE FL 32601 | | 82 Street Add | | | dress (P.O. Box Number is Not Acceptable) | | | |
| GAI | INCOVILLE LE 25001 | | ī | 13 | | <u></u> | | | |
| | | | }- | 14 City | | | 85 | Zip Co | ode |
| | | | l. | 1 7 | | | | | 1 |
| office or r agent. La | | | | | | ration submits this statement for the pi n's board of directors. I hereby accep | | ent as re | agistered |
| 12, | Signs and open or printed hank of registered agos OFFICERS AND | | E: Registered : | Agent signature | periupar e | when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE ERS AND DIRE | CTORS | IN 12 |
| Mu | PD | DELETE | 1,1 101 | F | VITO | CE PRESIDENT | | | Addition |
| NAME | THE LOSEN, KARL W | | 1.2 NAN | IE | 1 ' ' | LLS S. THE LOSEN | | • | ^ |
| STPHE! ACCORESS: | 7520 N.W. 18TH AVENUE | | 1.3 STR | EET ADDRESS | • | 20 N.W 18TH AVENUE | | | } |
| OHY-51-76 | GAINESVILLE FL | Librita | | -ST-ZIP | | INESVILLE, FL 32605 | | | T Large |
| 10(F | VD | L DELETE | 2.1 TITU | | - | | □ c | ange | Addition |
| NAME STREET APORESS | THE LOSEN, KAY S. 7520 N.W. 18TH AVENUE | | 2.2 NAN | et address | 1 | | | | } |
| COY \$1-72 | GAINESVILLE FL | | 1 | Y-ST-ZIP | | | | | { |
| 111.1 | V | DELETE | 31 TITE | | - | | C | nange | Addition |
| HAME | THE LOSEN, WILLY | | 3.2 NAM | IE. |] | | | | } |
| STAFFEE ADDRESS | 7520 NW 18 AVE | | | EET ADDRESS | } | | | | } |
| City St-70° | GAINESVILLE FL | ☐ DELETE | | (-ST-ZIP | | | Lic | | Addition |
| NAME | | LJ OECETE | 4.1 TITL 4.2 NAI | |] | | L. 0 | ange | L.J. Abdition |
| STREET ADDRESS | | | | eet address | ł | | | | } |
| CITY+SI-7IP | | | 1 | -ST-ZIP | 1 | | | | |
| TIRE | | ☐ DELETE | 5.1 TITL | | 1 | <u></u> | c | nange | Addition |
| NAME | | | 5.2 NAA | IE | } | | | | } |
| STREET ADDRESS. | | | 5 3 STR | EET ADDRESS | { | 1 | | | |
| CHY-S1-209 | | LINDETE | | -ST-ZIP | | | —————————————————————————————————————— | hanna | Addition |
| 1711 | | ☐ DELETE | 6.1 TITE | | } | | [_ c | wills | Addition |
| NAME TIBLES ADDRESS | | | 6.2 NAM | | { | | | | { |
| CHY-\$1-70 | | | 1 | EET ADDRESS '- ST - ZIP | [| | | | |
| | by certify that the information supplied | t with this filing does not quali | | | taled i | n Section 119.07(3)(i). Florida Statutes | Lfurther certif | v that th | 00 |

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 argued 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 proposity or or the register or discless enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changes, or on as attachment with an address.

SIGNATURE:

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