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

| DICK W | | Mailing | Address ARBOR DRIVE B BEACH FL 34217- | 1918 | | | | |
|---|--|--|---|--|---|------------------------|--------------------------------|-------------------|
| | V | 03 | | | 3. Date Incorporated or Qualified 09/03/1980 | 1 . | te of Last Re 9/1996 | port |
| —i | Place of Business | } <u>-</u> | iling Address | | 4. FEI Number | | h | plied For |
| 21 Suite, Ar | nt. #. etc | 26 Sui | te, Apt #, etc. | | 59-2078244 | | \$8.75 A | t Applicable |
| 22 | | 27 | , | | 5. Certificate of Status Desired | | Fee Re | •• |
| City & St | tate | Cit | & State | | 6. Election Campaign Financing | _ | \$5.00 | |
| 23 | Comba | 28 Zip | | Country | Trust Fund Contribution | | Added t | |
| Zip 24 | Country 25 | 29 | | 30 | This corporation has liability for Florida Statutes | rintangible Yes | | 199.032, |
| | 9. Name and Address of C | | | 1901 | 10. Name and Address of New F | | | |
| WA | IGNER, DOROTHY A. | | | 81 Name | | | | |
| | 7 AVENUE A | | | 62 Street A | ddress (P.O. Box Number is Not Accepte | ible) | | |
| BR | ADENTON FL 34217 | | | | | | | |
| | | | | 83 | | | | |
| | | | G. G. Po | 64 City | a yyaya ana dan a darah kabasa dara | ر خوان در الكوانية | 85 Zip (| code |
| | | | | 1 1 1 | orporation submits this statement for the ration's board of directors. I hereby acc | FL | 1 1 | |
| SIGNATURI | Signature, typed or printed name of register | red agerr and tile if app S AND DIRECTO | | E Registered Agent signature re | iquired when reinstating) ADDITIONS/CHANGES TO OFF | DATE CERS AND | DIRECTOR | S IN 12 |
| TITLE | PD | | ☐ DEL€TE | 1.1 TITLE | | | Change | Addition |
| NAME | WAGNER, DOROTHY A. | | | 1.2 NAME | | | | |
| STREET ADDRES | | | | 1.3 STREET ADDRESS | | | | |
| CHTY-ST-ZIF | BRADENTON BEACH FL | | | 1.4 CITY+ST-ZIP | | | | |
| TITLE | | | DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | | | | 2.2 NAME | | | | |
| STREET ADDRES | 8 | | | 2.3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | DELETE | 2.4 CITY-ST-ZIP | | | Change | Addition |
| TITLE NAME | | | had Detert | 32 NAME | | | CHOINGS | - ROUNDII |
| NAME STREET ADDRES | | | | 3.2 NAME 3.3 STREET ADDRESS | | | | |
| | N) | | | 1 | | | | |
| CHY-ST-ZIP TITLE | | | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | | | ☐ Change | Addition |
| NAME | | | | 1 | | | | _ |
| STREET ADDRES | | | | 4, 2 NAME | | | | |
| | s | | | 4. 2 NAME 4.3 STREET ADORESS | | | | |
| COA-SI-AN | is | | | 4.3 STREET ADORESS | | | | |
| CITY-ST-ZIP TITLE | s | | ☐ DELETE | | | | Change | Addition |
| | s | | ☐ DELETE | 4.3 STREET ADORESS 4.4 CITY-ST-ZIP | | | Change | Addition |
| TiTLE | | | ☐ DELETE | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | | | Change | Addition |
| TITLE NAME | | | | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | | | Change | |
| TITLE NAME STREET ACCINES | | | ☐ DELETE | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | | | ☐ Change | Addition Addition |
| TITLE NAME STREET ACCIDES CITY-ST-ZIP | | | | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | | |
| TITLE NAME STHEET ACCIDES CITY-ST-ZIP TITLE | S | | | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | | | | |

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 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.

SIGNATURE:

FILED

Apr 25 1997 8:00am

Secretary of State