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 # 688192

(4)

FILED May 13 1997 8:00am Secretary of State

Principal Place	ROAD	92	lailing Address 124 HELENA ROAD ELHAM AL 35124-2741		<u>,</u>							
								3. Date Incorporated or Qualified 09/18/1980		ate of Las 01/1996		
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For				or
21			26					59-2037022 Not Applicable				
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional			
City & State			City & State						Fee Required			
23			28				ĺ	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	1201	Zip	Co	unlry			8. This corporation has liability for i	nlannible			
24	25	29		30			Ì			□ No	7 01 100.00	1
	9. Name and Address of Curren	t Regis	stered Agent					10. Name and Address of New Re	gistered	Agent		
	rozella, steve				B1	Name						ĺ
	5 NW 38TH MANOR				82	Street A	Addres	s (P.O. Box Number is Not Acceptab	le)			
COF	RAL SPRING S FL 33065											
					83							{
					84	City				85 Z	ip Code	
41 Durawant	to the provisions of Sections 207 050	and C	207 1000 Florida Ctatul	on the		named a		otion a shorita this atstarnant for the	FL		a ita anaist	
office or r agent. I a SIGNATURE	to the provisions of Sections 607.050, registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age.	ations o	of, Section 607.0505, Flo	orida Sta	atutes	3 .		i's board of directors. I hereby accep	ot the app	oointment	as register	red
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFIC		D DIRECT	ORS IN 12	· (
TITLE	PD		☐ DELETE	1.1	TITLE					Chang	ge 🗌 Ad	ddition
NAME	MILLER, ROBERT M			1.21	MAME	ļ						
STREET ADDRESS	1018 LK.FOREST CRCL.			13	STREET	ADDRESS						
CITY-ST-ZIP	HOOVER AL			1.4	011Y-S	T-ZIP	_ -					
TITLE	STD CANODA		☐ DELETE		TITLE					Chang	ge [_] Ad	Idilion
NAME	MILLER, SANDRA				NAME	1						
STREET ADDRESS	1018 LK.FOREST CRCL. HOOVER AL					ADDRESS						}
CITY-ST-ZIP	HOUVER AL		DELETE		CITY - S	ST - ZIP				Chag		idition
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NAME STREET ADDRESS				ı	NAME Procer	ADDOLÉS						-
CITY-ST-ZIP					CHY-S	ADDRESS						
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CITY-ST-ZIP				5.4	CITY-S	T-ZIP			<u>.</u> .			
TITLE			DELETE	6.1	TITLE	Γ		· - 	_	Chang	ge 🗌 Ad	Idition
NAME	-			6.21	NAME	ì						}
STREET ADDRESS				633	STREET	ADDRESS (- [
CITY-ST-Z#					CITY-S							
14. I do herel	by certify that the information supplied on indicated on this annual report or s	with th	nis illing does not quali acotal acqual report is t	ty for the	exe	mption sta	ated in	i Section 119.07(3)(i), Florida Statutes	s. I furthe	ir certify th	ial the	o that

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 logal 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: Robert m. milles Roberth

11 -29-97

205-985-0378