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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # 695429

(1)

FILED
May 01 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 4910 S TAMIAMI TRAIL SARASOTA FL 34231 US Mailing Address 4910 S TAMIAMI TRAIL SARASOTA FL 34231-4354 US								
					 Date Incorporated or Qualified 07/20/1981 	3a. Date 05/01		eport
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	00/01	·	plied For
21		26			59-2126797		No	t Applicable
Suite, Apl 22	#, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired		\$8.75 A	
City & Sta	te	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added t	
Zφ	Country	Zιρ	Country	у	8. This corporation has liability fo			199.032,
24	25 9. Name and Address of Curren	29	30		Florida Statutes 10. Name and Address of New R	Yes 🗆		
		it riegisteren Agent	81	Name			9 771	
	LDSMITH, STANLEY A. 15 MAIN ST., SUITE 814			<i> </i>	Nichael Ohrenste	ih		
	RASOTA FL 34236		82	Street Add	dress (P.O. Box Number is Not Accept 49/0 5 · Tamiami	able)		
SAIT.	14301A FL 34230		83			/ roux		
					Sarasota			,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,
			64	City		FL	85 Zip (Code /23/
			- 1	1		⊢ FL i	126	
11. Pursuant office or	to the provisions of Sections 607 950 registered aggree or soft in 1995 flate	2 and 607.1508, Florida Statu of Florida. Such change was	ites, the above authorized b	re-named cor by the corpora	rporation submits this statement for the atlon's board of directors. I hereby acc		nanging it ntment as	s registered registered
11. Pursuant office or agent 1:	L to the provisions of Sections 607 950 registered aggryf or both in 174 State am familiar www.ans.ecc.pp/lipsobliga Significant of the Section of Section 1860 S	ω_{\sim}			rporation submits this statement for the atton's board of directors. I hereby accurate when reinstating)		nanging it ntment as	s registered registered
SIGNATURE	Signature of an or plinted name of registered age OFFICERS ANI	on; and tile if applicable. (NO D DIRECTORS	TE: Registered Ag		4	purpose of chept the appoir /23/47 DATE ICERS AND D	nanging it itment as IRECTOR	s registered registered S IN 12
SIGNATURE 12. 1III.E	Signature rights or printed hanse of registered age OFFICERS AND	m; and tile if applicable. (NO	PTE: Registered Ag 13. 1.1 TITLE	ent signature requ	uired when reinstating)	purpose of chept the appoir /23/47 DATE ICERS AND D	nanging it ntment as	s registered registered
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If 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 for or an attachment with an address.

SIGNATURE:

CHAPLIFE AND TYPED OF PRINTED NAME OF STONING OFFICER OR DIRECTO

4/25/97

941-921-4016

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