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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCL	<b>IMENT</b>	#

728720

(4)

## FILED May 12 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  19701 GULF BLVD 19701 GULF BLVD INDIAN SHORES FL 33785-2339								
					<ol> <li>Date Incorporated or Qualified 02/05/1974</li> </ol>	d <b>3a.</b> Da	te of Last f 05/01/19	Report <b>196</b>
	Place of Business	2a. Mailing Address			4. FEI Number 59-1508471		A	pplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			lot Applicable Additional
2		27			o. Objuitable of blates position			lequired
City & Star	10	City & State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Ζιρ	Cou	ntry	8. This corporation has liability for		tax under i	
4(	25   9. Name and Address of Curre	29 29 Agent	30		Florida Statutes  10. Name and Address of New			
	and the state of t			81 Name	1 M 1 water to the rest and the table to be a section			····
MCEWE	N, BOB		ł	82 Street A	ddress (P.O. Box Number is Not Accep	table)		
	BULF BLVD		į.	83				
INDIAN	SHORES FL 34635			63				
				84 City		FL	85 Zip	Code
	am familiar with, and accept the obliq	gations of, Section 617.0503, I	s authorized Florida Stati	by the corpo utes.	corporation submits this statement for the oration's board of directors. I hereby acc	cebt rue abb	On thriefly da	s registered
	Signature hyped or printed name of registered as	gent and title if applicable. (No			oration's board of directors. I hereby acc required when reinstaling)  ADDITIONS/CHANGES TO OF	DATE	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE	Signature typed or printed name of registered at OFFICERS AND P/D	gent and title if applicable. (N	OTE: Registered	t Agent signature n	required when reinstating)	DATE		RS IN 12
SIGNATURE  12.  TITLE  NAME	Signature typed or printed name of registered at OFFICERS AND P/D BENSON, ROY	gent and title if applicable. (No	13. 1.1 TIX	Agent signature n	required when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature typed or printed name of registered at OFFICERS AND P/D	gent and title if applicable. (No	07E: Registered 13. 1.1 TIT 1.2 NA 1.3 ST	t Agent signature n	required when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature typed or printed name of registered as OFFICERS AN P/D BENSON, ROY 19701 GULF BLVD. INDIAN SHORES FL 34635 T/D	gent and title if applicable. (No	07E: Registered 13. 1.1 TIT 1.2 NA 1.3 ST	6 Agent signature n ILE WAE REET ADDRESS TY-ST-ZIP	required when reinstating)	DATE	DIRECTO	RS IN 12
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4. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I floring 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

TO Y DE 150 M H 1 DY DE 100 M ON THE ATTURE AND TYPED ON PRINTED NAME OF BIOMING OFFICER OR PRECTOR

4-29-97 596-5283