NAME BERNHARD, GERTRUDE 22 NAME STREET ADDRESS PO BOX 4203, NA 2.3 STREET ADDRESS CITY - ST - ZIP TEQUESTA, FL 0 2.4 CITY - ST - ZIP TITLE VPD DELETE 3.1 TITLE NAME HERMANSON, JERRY 32 NAME STREET ADDRESS 6341 NE 20TH WAY 3.3 STREET ADDRESS CITY - ST - ZIP FT LAUDERDALE FL 3.4 CITY - ST - ZIP TITLE VPD DELETE 3.4 CITY - ST - ZIP TITLE VPD DELETE 3.4 CITY - ST - ZIP TITLE VPD DELETE 4.1 TITLE STREET ADDRESS GEYER, PAUL 4.2 NAME STREET ADDRESS 1016 26TH AVE 4.3 STREET ADDRESS	FILE NOW: FILING FEE IS \$61.25					FILED		
AUNUAL REPORT 1997 AUNUAL REPORT 1997 AUNUAL REPORT 1997 Secretary of State Counterman and Address Secretary of State Counterman and Address Secretary of State Secretary Secr				FLORIDA DEPARTMENT OF STATE		Feb 13 1997 8.00am		
1997 Division of componentialities DOCUMENT # 729389 (4) FLORIDA LEAGUE OF ANGLERS INC. Image: componential componentin componente componentic component componential compone								
	A Sector of the		TELE				ary of S	late
Principal Place of Business Mailing Address SM NORTH YACHTSMM DRIVE PO BXX 1109 SM NORTH YACHTSMM DRIVE DR XX 1109 SM NORTH YACHTSMM DRIVE PO BXX 1109 SM NORTH YACHTSMM DRIVE DR XX 1109 2. Principal Place of Business 2a. Mailing Address 21 Suite, Api, #, etc 23 Suite, Api, #, etc 24 Suite, Api, #, etc 27 Suite, Api, #, etc 29 Country 20 Country 21 Country 29 Country 29 Country 20 Country 21 Country 22 Solid Applied for The corporation has being to functions 30 Name and Address of Current Registered Apont 31 Name and Address of Current Registered Apont 32 Stonet Address (P.O. Box Number Is Not Acceptable) 38 Stonet Address (P.O. Box Number Is Not Acceptable) 39	DOCU 1. Corporatio	MENT # 7299	989	(4)				
Principal Place of Elusiness Set NORTH VACHTSLAND DRIVE PO BOX 1109 SAMBEL FL 3387 2 Principal Place of Business 2 A. Mailing Address AMBEL FL 3387 3 . Date incorporated or Qualified Subcerverse Set Address 4 . FEI Number Set Address 5 . Centrify 2 . Country 2 . Cou	FLORI	da league of anglei	rs inc.					
PD BOX 1106 SAMBEL FL 33897 PD BOX 1106 SAMBEL FL 33897 PD BOX 1106 SAMBEL FL 33897 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Immobility 1074 3a. Date of Last Report 02/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Immobility 1074 Applied For 02/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Immobility 10/21/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Immobility 10/21/21/1995 2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired Per Regulad 2. Principal Place of Business 2a. Country 2p Country Per Regulad Status Desired Place Number Status Desired Place Number Interplate Place Number Per Regulad 2. Principal Place of Business 2a 2a 2a Par Status Desired Place Negative Address of During Business Address of During Business Per Regulad Status Desired Place Negative Address of New Registered Agent 10. Neme and Address of During Status Desired Indice Negative Place New Registered Agent Heat PlaceNes	Principal Plac	ce of Business	Mait	ng Address			FRAN DIRAN DIRAN DIRAN DIRAN D	I FIT ALIAN I ATT
Op(19)/1974 O2/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Stile, Apt #, etc. Suite, Apt #, otc. 5. Certificate of Status Desired \$\$7.57. Additional 22 Principal Place of Business 27 Country \$\$0.107 Applied For 23 27 Country 27 Country \$\$0.107 B. Required 24 28 29 29 Country 27 Country 1. This corporation has fibrilly for Infancing Address of Naw Bestilly for Infancing Address of Naw Registered Agent \$\$1.0000 Name and Address of Naw Registered Agent \$\$1.00000 10. Name and Address of Current Registered Agent \$\$1.000000 Name \$\$1.00000000000000000000000000000000000	PO BOX 1109 PO BOX 1109					3. Date Incorporated or Qualified	3a. Date of Last R	eport
21 28 Suite, Apt. #, etc. 50-1930107 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$82,75 \$82,75 22 27 Country 27 Country \$5,000 May Be 24 28 29 30 Forda Status Image Country \$5,000 May Be 24 28 29 30 Forda Status Image Country \$5,000 May Be 24 28 29 30 Forda Status Image Country \$5,000 May Be 24 28 29 30 Forda Status Image Country \$5,000 May Be 24 28 29 30 Forda Status Image Country \$5,000 May Be 24 28 29 30 Forda Status Image Country \$5,000 May Be 24 28 29 30 Forda Status Image Country \$5,000 May Be 24 28 29 30 Forda Status Image Country \$5,000 May Be 35 Name and Address of Country 28 Image Country \$5,000 May Be 35 Name and Address of Name		New AD along					02/21/19	96
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Fig. Required 22 27 City & State City & State Election Campaign Financing X5.00 May Be 23 29 20 Country Zip Country 8. The corporation has fability for imangible az under is: 199.032, Florida Statutes Yes X0.00 May Be 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Yes Nono StOPPELBEIN, M T StoppetLBEIN, M T StoppetLBEIN, M T 10. Name and Address of New Registered Agent 91 Name Name of Address of New Registered Agent 91 11. Pursuant to the provisions of Socions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing is registered agent 1 am temiler with, and accept the obligations of, Socion 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent 1 am temiler with, and accept the obligations of, Socion 617.0503, Florida Statutes. 10. Address of OrFicERS AND DIRECTORS 13. ADDRECTORS 14. 200 FFICERS AND DIRECTORS 14. 200 FFICERS	· '	lace of Business		alling Address			·····	
City & State City & State 6. Election Campaign Financing \$\$5.00 May Be 23 29 20 20 Added to Fase 24 28 29 30 Finite comparison has fiability for intengible tax unders 1. 19:032, Ficida Statutes 10. Name and Address of Current Registered Agent 24 28 29 30 Finite comparison has fiability for intengible tax unders 1. 19:032, Ficida Statutes 10. Name and Address of New Registered Agent 24 28 29 30 Finite comparison has fiability for intengible tax unders 1. 19:032, Ficida Statutes 10. Name and Address of New Registered Agent 51 Name 51 Name 52 Street Address (P.O. Box Number is Not Acceptable) 534 NORTH YACHTSMAN DRIVE 53 Street Address (P.O. Box Number is Not Acceptable) 53 534 NORTH YACHTSMAN DRIVE 53 Street Address (P.O. Box Number is Not Acceptable) 53 534 NORTH YACHTSMAN DRIVE 53 Street Address (P.O. Box Number is Not Acceptable) 53 535 Control of Street Address (P.O. Box Number is Not Acceptable) 53 53 53 534 NORTH YACHTSMAN DRIVE Street Address (P.O. Box Number is Not Acceptable) 53 535 Street Address (P.O.	Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired		
Zip Country Zip Country B. This corporation has fability for inhangible tax unders. 199,032, 29 Zal 29 30 Fiorida Statutes Yes No B. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Provide Statutes Yes No StorpPELBEIN, M T 534 MORTH YACHTSMAN DRIVE 61 Name and Address of New Registered Agent 62 Street Address (P.O. Box Number Is Not Acceptable) Status 64 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this attainment for the purpose of changing its registered agent, or both, in this State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Statutes (MOTE Registered Agent engined was remaining) Date Signature, typed or protectorers and engineering and text exponents (MOTE Registered Agent engineering) Date Signature, typed or protectorers and other engineering Date Change Addition Signature, typed or protectorers and other engineering agent and text exponents (MOTE Regintering) Date	City & Stal	te		City & State				
B. Name and Address of Current Registered Agent ID. Name and Address of New Registered Agent ID. Name ID. Name and Address of New Registered Agent ID. Name ID. Name and Address of New Registered Agent ID. Name ID. Name and Address of New Registered Agent ID. Name ID. Name and Address of New Registered Agent ID. Name ID. Name and Address of New Registered Agent ID. Name ID. Name and Address of New Registered Agent ID. Name and Address ID. Name and Address ID. Name and Address ID. Name and Address ID. Name ID. Name and Address ID. Name ID.	Zıp			ip		8. This corporation has liability for	intangible tax under s	
STOPPELBEIN, M T S34 NORTH YACHTSMAN DRIVE SANIBEL FL 33957 64 City 64 City 64 City 65 200 711 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and the florida. Such change vascuative/sold by the corporation's board of directors. Thereby accept the supplintment as registered agent and the florida. Such change vascuative corporation's board of directors. Thereby accept the supplintment as registered agent and the florida. Such change vascuative corporation's board of directors. Thereby accept the supplintment as registered agent and the florida. Such change vascuative regulate regulate regulate florida. Such change vascuative regulate regulate regulate regulate florida. Such change statutes. SIGNATURE StoppeLBEIN, M T FRITZ 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE STOPPELBEIN, M T FRITZ Street Address DATE 17.12 DELETE 17.17 DELETE 17.17 DELETE 17.17 DELETE 17.17 DELETE 17.17 DEL	24			red Agent	30	-		
534 NORTH YACHTSMAN DRIVE SANIBEL FL 33957 53 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Start and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 17. DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. DELETE 11. TITLE STOPPELBEIN, M T FRITZ DELETE 13. STOPPELBEIN, M T FRITZ 13. STOPPELBEIN, M T FRITZ 13. DELETE 11.11/LE Change 17. Addition 17.2. SANNBEL, FL 00000 14.017-ST-2P Change 17.12. DELETE 17.12. DELETE 17.12. DELETE 17.12. DELETE 17.12. Change 17.12. Change 17.12. Change 17.12. DELETE 17.12. DELETE </td <td></td> <td></td> <td></td> <td></td> <td>61 Name</td> <td></td> <td></td> <td></td>					61 Name			
BANDEL FL SSS7 Et SI Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abovenamed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 617.0503, Florida Statutes. Store or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 617.0503, Florida Statutes. SIGNATURE Storaber, typed or preced came of regenered agent and bite 4 applicable. (NOTE Registered Agent aigneture required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ST STOPPELBEIN, M T FRITZ DELETE 11 fittle STREET ADDRESS 534 NO YACHTSMAN DR 1.3 STREET ADDRESS CITY-ST-ZP SANIBEL, FL 00000 1.4 0TY-ST-ZP TITLE VP DELETE NAME BERNHARD, GERTRUDE 2.1 NTUE NAME BERNHARD, GERTRUDE 2.1 NTUE NAME PO BOX 4203, NA 2.3 STREET ADDRESS CITY-ST-ZP TEQUESTA,FL 0 2.4 (DTY-ST-ZP NAME HERMANSON, JERRY 3.3 STREET ADDRESS CITY-ST-ZP FT LAUDRERSA 3.4 (DTY-ST-ZP NAME GEYER, PAUL DELE								
11. Pursuant to the provisions of Sections 617 0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Interpretation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or proteed came of registered agent and bite 4 applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS Title NAME STOPPELBEIN, M T FRITZ I DELETE I TITLE I DELETE I TITLE <td< td=""><td>SANIBE</td><td>L FL 33957</td><td></td><td></td><td>83</td><td></td><td></td><td></td></td<>	SANIBE	L FL 33957			83			
SIGNATURE Signafure, typed or protect name of registered agent and bite 4 applicable. (NOTE: Registered Agent aignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE Change Addition NAME STOPPELBEIN, M T FRITZ 11 TITLE Change Addition NAME STOPPELBEIN, M T FRITZ 12 MAME STOPPELBEIN, MAR DR 12 MAME STOPPELBEIN, MAR DR 12							FL	
SIGNATURE Signafure, typed or protect name of registered agent and bite 4 applicable. (NOTE: Registered Agent aignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE Change Addition NAME STOPPELBEIN, M T FRITZ 11 TITLE Change Addition NAME STOPPELBEIN, M T FRITZ 12 MAME STOPPELBEIN, MAR DR 12 MAME STOPPELBEIN, MAR DR 12	11. Pursuant office or	to the provisions of Sections 617 registered agent, or both, in the	7.0502 and 617 State of Florida	.1508, Florida Statute Such change was a	es, the above-named corp uthorized by the corporat	poration submits this statement for the p tion's board of directors. I hereby accept	ourpose of changing it of the appointment as	s registered registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ST DELETE 11 TITLE Change Addition NAME STOPPELBEIN, M T FRITZ 12 NAME 13 STREET ADDRESS 534 NO YACHTSMAN DR 13 STREET ADDRESS CITY-ST-ZIP SANIBEL. FL 00000 14 CITY-ST-ZIP Change Addition NAME BERNHARD, GERTRUDE 21 NTLE Change Addition NAME BERNHARD, GERTRUDE 22 NAME 23 STREET ADDRESS CitY-ST-ZIP Change Addition NAME BERNHARD, GERTRUDE 22 NAME 23 STREET ADDRESS CitY-ST-ZIP Change Addition NAME BERNHARD, GERTRUDE 22 NAME 23 STREET ADDRESS CitY-ST-ZIP Change Addition NAME BERNHARD, GERTRUDE 24 CITY-ST-ZIP Change Addition NAME HERMANSON, JERRY 32 STREET ADDRESS CitY-ST-ZIP Change Addition NAME HERMANSON, JERRY 33 STREET ADDRESS G341 NE 20TH WAY 33 STREET ADDRESS CitY-ST-ZIP TITLE Change Addition NAME	1							
NAME STOPPELBEIN, M T FRITZ 12 NAME STREET ADDRESS 534 NO YACHTSMAN DR 1.3 STREET ADDRESS CitY-ST-ZP SANIBEL, FL 00000 1.4 CitY-ST-ZIP TiTLE VP DELETE 2.1 TiTLE NAME BERNHARD, GERTRUDE 22 NAME STREET ADDRESS PO BOX 4203, NA 2.3 STREET ADDRESS CitY-ST-ZIP TEQUESTA, FL 0 2.4 CITY-ST-ZIP TiTLE VPD DELETE 3.1 TITLE NAME HERMANSON, JERRY 3.2 NAME STREET ADDRESS 6341 NE 20TH WAY 3.8 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 3.4 CITY-ST-ZIP TITLE VPD DELETE 3.4 CITY-ST-ZIP STREET ADDRESS 6341 NE 20TH WAY 3.8 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 3.4 CITY-ST-ZIP TITLE VPD DELETE 4.1 TITLE STREET ADDRESS 6341 NE 20TH WAY 3.8 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 4.1 TITLE TITLE VPD DELETE 4.2 NAME STREET ADDRESS 1016 26TH AVE 4.3 STREET ADDRESS	12.							IS IN 12
STREET ADDRESS 534 NO YACHTSMAN DR 1.3 STREET ADDRESS CITY-SI-ZIP SANIBEL. FL 00000 14 GITY-SI-ZIP TITLE VP DELETE 2.1 NTLE NAME BERNHARD, GERTRUDE 2.2 NAME STREET ADDRESS PO BOX 4203, NA 2.3 STREET ADDRESS CITY-SI-ZIP TEQUESTA,FL 0 2.4 CITY-SI-ZIP TITLE VPD DELETE NAME HERMANSON, JERRY 3.2 NAME STREET ADDRESS 6341 NE 20TH WAY 3.3 STREET ADDRESS CITY-SI-ZIP FT LAUDERDALE FL 3.4 CITY-SI-ZIP TITLE VPD DELETE 3.4 CITY-SI-ZIP TITLE VPD 3.3 STREET ADDRESS City-SI-ZIP TITLE VPD 3.4 CITY-SI-ZIP Addition NAME HERMANSON, JERRY 3.3 STREET ADDRESS 3.4 CITY-SI-ZIP TITLE VPD DELETE 3.4 CITY-SI-ZIP Change Addition NAME GEYER, PAUL Addition 4.2 NAME 4.2 NAME Addition NAME GEYER, PAUL 4.2 NAME 4.3 STREET ADDRESS Inthe Addition Addition <td></td> <td></td> <td></td> <td>DELETE</td> <td></td> <td></td> <td>Change</td> <td>Addition</td>				DELETE			Change	Addition
NAME BERNHARD, GERTRUDE 22 NAME STREET ADDRESS PO BOX 4203, NA 2.3 STREET ADDRESS CITY - ST - ZIP TEQUESTA, FL 0 2.4 CITY - ST - ZIP TITLE VPD DELETE 3.1 TITLE NAME HERMANSON, JERRY 32 NAME STREET ADDRESS 6341 NE 20TH WAY 3.3 STREET ADDRESS CITY - ST - ZIP FT LAUDERDALE FL 3.4 CITY - ST - ZIP TITLE VPD DELETE 3.4 CITY - ST - ZIP TITLE VPD DELETE 3.4 CITY - ST - ZIP TITLE VPD DELETE 4.1 TITLE STREET ADDRESS GEYER, PAUL 4.2 NAME STREET ADDRESS 1016 26TH AVE 4.3 STREET ADDRESS								Addition
NAME BERNHARD, GERTRUDE 22 NAME STREET ADDRESS PO BOX 4203, NA 2.3 STREET ADDRESS CITY - ST - ZIP TEQUESTA, FL 0 2.4 CITY - ST - ZIP TITLE VPD DELETE 3.1 TITLE NAME HERMANSON, JERRY 32 NAME STREET ADDRESS 6341 NE 20TH WAY 3.3 STREET ADDRESS CITY - ST - ZIP FT LAUDERDALE FL 3.4 CITY - ST - ZIP TITLE VPD DELETE 3.4 CITY - ST - ZIP TITLE VPD DELETE 3.4 CITY - ST - ZIP TITLE VPD DELETE 4.1 TITLE STREET ADDRESS GEYER, PAUL 4.2 NAME STREET ADDRESS 1016 26TH AVE 4.3 STREET ADDRESS		SANIBEL, FL 00000						
STREET ADDRESS PO BOX 4203, NA 2.3 STREET ADDRESS CiTY - ST - ZIP TEQUESTA, FL 0 2.4 CITY - ST - ZIP TiTLE VPD DELETE 3.1 TITLE NAME HERMANSON, JERRY 3.2 NAME STREET ADDRESS 6341 NE 20TH WAY 3.3 STREET ADDRESS CITY - ST - ZIP FT LAUDERDALE FL 3.4 CITY - ST - ZIP TITLE VPD DELETE 3.4 CITY - ST - ZIP TITLE VPD DELETE 4.1 TITLE NAME GEYER, PAUL 4.2 NAME STREET ADDRESS 1016 26TH AVE 4.3 STREET ADDRESS		••		L] DELETE		ų	L Change	
Title VPD DELETE 9.1 Title Delete 9.1 Title NAME HERMANSON, JERRY 32 NAME 32 NAME 33 STREET ADDRESS 6341 NE 20TH WAY 33 STREET ADDRESS STREET ADDRESS 6341 NE 20TH WAY 33 STREET ADDRESS 34. CITY-ST-ZIP TITLE VPD DELETE 4.1 TITLE Change Addition NAME GEYER, PAUL 4.2 NAME 4.3 STREET ADDRESS 35 STREET ADDRESS STREET ADDRESS 1016 26TH AVE 4.3 STREET ADDRESS 4.3 STREET ADDRESS							•	
NAME HERMANSON, JERRY 32 NAME STREET ADDRESS 6341 NE 20TH WAY 33 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 34. CITY-ST-ZIP TITLE VPD DELETE 4.1 TITLE NAME GEYER, PAUL 4.2 NAME STREET ADDRESS 1016 26TH AVE 4.3 STREET ADDRESS								
STREET ADDRESS 6341 NE 20TH WAY 3.3 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 3.4. CITY-ST-ZIP TITLE VPD DELETE 4.1 TITLE NAME GEYER, PAUL 4.2 NAME STREET ADDRESS 1016 26TH AVE 4.3 STREET ADDRESS								
TITLE VPD DELETE 4.1 TITLE Change Addition NAME GEYER, PAUL 4.2 NAME STREET ADDRESS 1016 26TH AVE 4.3 STREET ADDRESS		6341 NE 20TH WAY						
NAME GEYER, PAUL 4.2 NAME STREET ADDRESS 1016 26TH AVE 4.3 STREET ADDRESS								Addition
STREET ADDRESS 1016 26TH AVE 43 STREET ADDRESS								L., Automot
	CITY - ST - ZIP	VERO BCH, FL 00000			4.4 CITY-ST-ZIP			Addition
TITLE PTD DELETE 5.1 TITLE Change Addition							Li change	
STREET ADDRESS 360 BELLE POINT DR 5.3 STREET ADDRESS	1	360 BELLE POINT DR						
City-st-zip ST PETERSBURG, FL 00000 5.4 City-st-zip TitLe VPD DELETE 6.1 TitLe Change Addition			000				Change	Addition
TITLE VPD DELETE 6.1 TITLE Change Addition NAME BLUM J. S. A. 6.2 NAME		_						
STREET ADDRESS 2314 OAK DR. 6.3 STREET ADDRESS								
City-st-zip FT PIERCE FL 6.4 city-st-zip			معادمة ساغله علاا-	filing does not avail	· · · · · · · · · · · · · · · · · · ·	d in Section 110 07/01/1) Finalda Classica	a l further contin at -	the
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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 effectment with an address.	informati	ion indicated on this annual report	rt or supplement	ntal annual report is ti	ue and accurate and that	t my signature shall have the same lega	al effect as if made un	der oath: that
appears in Block 12 or Block 13 if changed, or on an articliment with an address. M.T.Stoppelbein 2/5/97 941/472-2685			ed, or on an an	incoment with an add				