FILE NOW: FILING FEE IS \$61.25



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CORPORATION ANNUAL REPORT 1997			tary of	B. Mortinam ary of State CORPORATIONS			
		# 766 9 Ess assoc	947 CIATION, INC	(6)			
Principal Place of Business PO 60X 1301 MELROSE FL 32666-1301			PO 6	Mailing Address PO 60X 1301 MELROSE FL 32686-1301			
2. Principal P	Place of Busine	SS	2a. 26	Mailing Address			
Sulte, Apt. #, etc. 22 City & State			27	Suite, Apt. #, etc.			
23 Zip		Country	28	Zip		Country	_
24	9, Name a		29 Current Registe	ered Agent	30	<u>r</u>	
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FILED Apr 10 1997 8:00am Secretary of State

3. Date Incorporated or Qualified 02/11/1983

4. FEI Number 59-2350443

3a. Date of Last Report 01/25/1996

Applied For Not Applicable

Suite, Apt.	#, B(C.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			SB.75 Ad	
City & State City & State					6. Election Campaign Financing	\$5.00 M	lay Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Count	lry	8. This corporation has liability for		99.032,
24]	25		30	· · · · · ·		Yes No	
	9. Name and Address of Curren	t Hegistered Agent		1 Name	10. Name and Address of New Re	gistered Agent	
MADDE	0.1E D		١	1 OX	nellev K. Gibb) 5	
HARPE,			[8	2 Street Addre	ess (P.O. Box Number is Not Acceptal	ole)	
	255TH DR		-	3 8000	DI NE SHOW		
MELHUS	E FL 32666		ľ	3			j
• •			8	4 City on al	0040	85 Zip Co	ode
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office or r	egistered agent, or both, in the State	of Florida. Such change was a	es, the abo uthorized	by the corporation	oration submits this statement for the pon's board of directors. I hereby acce	ourpose of changing its r pt the appointment as re	egistered
agent 1 a	m familiar with and accept the obliga	ations of, Section 617.0503, Flo	rida Statut	es.	on's board of directors. I hereby acce	5 15 0	
SIGNATURE .	July 5.	CACKU				<i>a-13.9</i> 7]
12,	Signature, typed or printed name of registered age: OFFICERS AND		: Registered A	gent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	INI 12
TITLE	\$D	DELETE	1.1 101	7		Change	Addition
NAME	GIBBS, SHELLEY K		1.2 NAM	, , ,	relley K. Gibbs	gag onwigo	
STREET ADDRESS	7233 STRICKLIN LANE			ET ADDRESS TA	33 strickling		{
	KEYSTONE HEIGHTS FL		1		ystone Heights Pc	20157	ļ.
CITY+ST-ZIP TITLE	VD	DELETE	2.1 TITLE		ASIDUR HEIGHIS 1-0	Change	Addition
NAME	RYAN, JERRY	and become	2.2 NAM		•	Citaligo (
STREET ADDRESS	PO BOX 250 N/A			ET ADDRESS			1
CITY-ST-ZIP	MELROSE FL			-ST-ZIP			
TITLE	TD	DELETE	3.1 1111		<i>N</i>	Change	Addition
NAME	HARPE, SUE D.	_	3.2 NAM				_
STREET ADDRESS	5411 NE 255 DR			ET ADDRESS 541	arpe, sue D. 11 Ne ass dr	•	
CITY-ST-ZIP	MELROSE FL				elkose Pl Baucolo		
TITLE	PD	DELETE	4.1 TITLE		CIRCLE PC DOWNER	Change	Addition
NAME	ADAMS, BARTON	-	4. 2 NAN		lams, Barton		
STREET ADDRESS	PO BOX 1226 N/A		1	ET ADDRESS PO	180x 1226 N/a		
CITY-ST-ZIP	MELROSE FL		4.4 CITY		irose fl 32666		1
TITLE	VD	DELETE	5.1 TITLE			Change	Addition
NAME	MURAWSKY, ROBIN		5.2 NAM	(IT)	rawsky Robin	_ •	
STREET ADDRESS	5400 PAINTED PONY AVE			ET ADDRESS	00 Pointed Pony Ave		
CITY-ST-ZIP	MELROSE FL		5.4 CITY	-SI-ZIP Me	Apose Pc 32000		
TITLE	D	DELETE	6.1 TITLE			Change	Addition
NAME	DULL, FAYE		6.2 NAM		nichael Heeder	V	
STREET ADDRESS	323 STATE ROAD 26			ET ADDRESS	0. BOX 903 Na		
CITY-ST-ZIP	MELROSE FL		6.4 CITY		elaose PL 3266	(o	
14. I do hereb	by certify that the information supplied	with this filing does not qualify	of or the ex	remption stated	in Section 119.07(3)(i), Florida Statute	s. I further certify that the	е
informatio I am an of appears in	n indicated on this annual report or so flicer or director of the corporation or n Block 12 or Block 13 if changed, or	upplemental annual report is tr the receiver or trustee empowe on an atlachment with an add	ue and ace ered to exe ress.	curate and that recute this report	my signature shall have the same lege as required by Chapter 617, Florida S	al effect as if made unde statutes; and that my nar	r oath; that ne