## 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 # E20710

111

200   SEQUOYAH LANE   NORTH LITTLE ROCK AR 72116   NORTH LITTLE ROCK AR 7216   NORTH LITTLE ROCK AR 72116   NORTH LITTLE ROCK AR 7	1. Corporatio		Mailing Address						
2	7200 SEOUOYAH LANE		7200 SEQUOYAH LANE	7200 SEQUOYAH LANE					
Subject   Subj							· •		Report
Selection Certificate of Status Desired   \$8.16 Additional Fee Regulard Fee Regular		lace of Business	2a. Mailing Address	<u> </u>				A	pplied For
20	21 26						71-0545735	<del></del>	
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28		le		···		······································	& Flaction Campaign Financing		
27p			<del>-</del>						
BAKER, JIM  1319 LAKE ERIE DR  LAKE WORTH FL  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  85 Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  86 Street Address (P.O. Box Number is Not Acceptable)  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  86 Street Address (P.O. Box Number is Not Acceptable)  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Street Address (P.O. Box Number is Not Acceptable)  82 Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  86 Street Address (P.O. Box Number is Not Acceptable)  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address	Zip	Country Zip			or this delporation has been given to the grant to the or the			в. 199.032,	
BARCH, JAM  1319 LAKE ERIE DR  LAKE WORTH FL  82 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zep Code  11. Prepared to the provisions of Sections 607 0502 and 607 1508. Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent I aris femiliar with, and accept the obligations of, Section 607 0505. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIFFECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12  NOW HENRY, EDWIN P  7200 SEQUOYAH LANE  NO LITTLE ROCK AK  14. CITY ST. 2P  NO LITTLE ROCK AK  14. CITY ST. 2P  NO LITTLE ROCK AK  22 NAME  22 NAME  33 NRET ADDRESS  CITY ST. 2P  NO LITTLE ROCK AK  22 NAME  33 NRET ADDRESS  CITY ST. 2P  NO LITTLE ROCK AK  42 NAME  43 STREET ADDRESS  CITY ST. 2P  NOTE Change  Addition  MAKE  518ET ADDRESS  CITY ST. 2P  NOTE Change  Addition  AND  CITY ST. 2P  NOTE Change  Addition  AND  CITY ST. 2P  NOTE Change  Addition  ADDITION CONTROL CONTR		9, Name and Address of Curre	nt Registered Agent		1_	<del></del>	10. Name and Address of New Re	egistered Agent	***************************************
LAKE WORTH FL  B3  City  FL  B5  City  B6  City  FL  B6  City  FL  B5  City  FL  B5  City  B6  City  FL  B6  City  FL  B6  City  FL  B6  City  B6  City  B6  City  B6  City  B7  B6  B6  City  B6  B6  City  B6  B6  City B6  B6  B6  City B6  B6  City B6  B6  B6  B6  City B6					81	Name			
Ba   City   FL   Bb   Zip Code					82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)	**
B4   City	LAM	(E WORTH FL			83			***************************************	<del>~~~~~~~~</del>
The filter of the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 from the with, and accept the obligations of, section 607.0505. Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SOLUTION STATE ADDITION STATE ADDITION STATE ADDITIONS STATE ADDITION S					L				
11. Further to the provisions of Sections 607 (9:07 and 607,1508, Florids Stetutes, the above-named corporation submits this statement for the purpose of changing its registered efficiency registered agent in an international content of the provisions of the purpose of changing its registered agent. I am familian with, and accept the obligations of, Section 607,0005, Florida Statutes.    SIGNATURE					84	City		FL 85 Zip	Code
12.									its registered s registered
PD	12					ent signature requ			RS IN 12
NAME   STREET ADDRESS   COTY-ST-ZIP   NO LITTLE ROCK AK   1.4 CITY-ST-ZIP     Change   Addition		T							
STREET ADDRESS   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	NAME	1 · <del>-</del>		1.21	NAME	1			
TILLE	STREET ADDRESS			1.33	STREET	I ADDRESS			
NAME	CITY - ST - ZIP				CITY-S	ST-ZIP			
STREET ADDRESS CITY-S1-ZIP  TILLE  TILLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS CITY-S1-ZIP  TILLE  STREET ADDRESS CITY-S1-ZIP  TILLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS CITY-S1-ZIP  TILLE  DELETE  4.1 TITLE  Change Addition  Addition  NAME STREET ADDRESS CITY-S1-ZIP  TITLE  DELETE  5.1 TITLE  Change Addition  Addition  Addition  Addition  Addition  STREET ADDRESS CITY-S1-ZIP  TITLE  DELETE  5.1 TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  STREET ADDRESS CITY-S1-ZIP  TITLE  Change Addition  Addition  Change Addition  Addition  Change Addition	TITLE							L. Change	
City-St-ZiP									
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NAME				3.4.	CITY-	ST-ZIP			
STREET ADDRESS   4.3 STREET ADDRESS	TILLE		☐ DELE <b>T</b> E	4.1	TITLE			☐ Change	☐ Addition
CITY - ST- ZIP	NAME			4. 2	NAME				
TITLE	STREET ADDRESS			4.3	STREET	T ADDRESS			
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CHT+SI-7IP									
TITLE DELETE 6.1 TITLE Change Addition						1			
			DELETE			51- <i>1</i> 11'		Change	Addition
	NAME		hand o'can't						

14. I do hereby certily 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 eath; 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

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

STREET ADDRESS

**FILED** 

Mar 28 1997 8:00am

Secretary of State