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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F59972

(2)

	INC.			
Principal Place of Business	Mailing Address	·		
299 MORRIS LANE	299 MORRIS LANE			
KEY LARGO FL 33037	KEY LARGO FL 33037-310)9		
				The Control Provide
			3. Date Incorporated or Qualified	
			12/29/1981	11/22/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2147087	Not Applicable S8.75 Additional
Suite, Apt. #. etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for	r intangible tax under s. 199.032.
24 25	29	30		Yes No
9, Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	legistered Agent
MCELFRESH, CLAIR T.		81 Name		
7625 SW 167 ST.		82 Street Aad	ress (P.O. Box Number is Not Accepta	abie)
MIAMI FL 33157		83		
		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent, I am familiar with, and accept the ob-	ib02 and 607.1508, Florida Statu ate of Florida. Such change was lightings of Section 207.0505. F	ites, the above-named cor authorized by the corpora	poration submits this statement for the ition's board of directors. I hereby acce	ept the appointment as registered
SIGNATURE				
SIGNATURE Signature, hyped or printed name of registered	agont and title if applicable. (NC	TE: Registered Agent pignature requ	ired when reinstating)	DATE
SIGNATURE Signature, typed or printed name of registered 12. OFFICERS A	agont and title if applicable. (NC	TE: Registered Agent signature requi		DATE ICERS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registered 12. OFFICERS A TIFLE D	agont and title if applicable. (NC	TE: Registered Agent dignature required. 13. 1.1 TITLE	ired when reinstating)	DATE
SIGNATURE Signature, typed or printed name of registered 12. OFFICERS A TITLE D MCELFRESH, CLAIR	agont and title if applicable. (NC	TE. Registered Agent dignature required 13. 1.1 TITLE 1.2 NAME	ired when reinstating)	DATE ICERS AND DIRECTORS IN 12
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SIGNATURE	agont and tile if applicable. (NO NND DIRECTORS	TE: Registered Agent dignature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CitY-ST-ZIP	ired when reinstating)	DATE ICERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE	agont and tile if applicable. (NO NND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-Zip 2.1 TITLE 2.2 NAME	ired when reinstating)	DATE ICERS AND DIRECTORS IN 12 Change Addition
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14. To 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 lega: 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, or on an attachment with an address.

6.3 STREET ADDRESS

CR2F034 (9/96)

FILED

Jan 14 1997 8:00am

Secretary of State