FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	AL REPORT Secretar 1997 DIVISION OF C		tary of St	at e	Secretary of State				
1. Corporation	MENT # F69		(0)			: 100HBA HILL SHIR SHIR HEAL HEAL	(1 31811 2 13(1 2	PAN ANAN ANGLAS	(4 4 4) 2 00 2
Principal Place of Business % PHILIP E. DE BRUYN 1403 S PATRICK DRIVE INDIAN HARBOUR BEACH FL 32937			Mailing Address * PHILIP E. DE BRUYN 1403 S PATRICK DRIVE INDIAN HARBOUR BEACH FL 328		18	3. Date Incorporated or Qualified 3a. Date of Last Report			
		·· ···································	·			03/01/1982	04/2	26/1996	
2. Principal 21	Place of Business	2a. 26	Mailing Address			4. FEI Number 59-2171197			plied For it Applicable
Suite, Apt	#, & IC.	27	Suite, Apt. #, etc.	-12		5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & Sta	ite		City & State		<u> </u>	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be
7 (p	Country	28	Zip	30	o itry	8. This corporation has liability fo	r intangible		
24	25 9. Name and Address	29 s of Current Regis	lered Agent	[30]		10. Name and Address of New F			
	3 S PATRICK DRIVE IAN HARBOUR BEACH	FL 32937			83	Iress (P.O. Box Number is Not Accept	3ble)		
					84 City		FL	. 1 1	Code
office or agent 1 SIGNATURE 12. PILE	Signature typic or parced name o		if applicable (N	OTE: Registr	ered Agent signaturo requ	poration submits this statement for the stion's board of directors. I hereby accurate when reinstating! ADDITIONS/CHANGES TO OFF	DATE		
NAME STREET ADDRESS				1	NAME B STREET ADORESS				
C TY - ST - ZIP TILLE NAME	INDIAN HRBOR BC, I	-10000	☐ DELETE	2.1 2.2	CITY-ST-ZIP TITLE NAME		· · · · · · · · · · · · · · · · · · ·	Change	Addition
STREET ADDRESS CITY: \$4-ZIP					STREET ADDRESS				
THLE			☐ DELETE	3.2	TITLE NAME			Change	Addition
STREET ADDRESS CITY - ST - ZIP THEE			DELETE	3.4	I STREET ADDRESS I CITY-ST-ZIP			Change	Addition
NAME STREET ADDRESS				- 1	2 NAME 3 STREET ADDRESS				
CHY-ST-ZIP TITLE NAM: STREET ADDRESS			DELETE	5.1 5.2	I CITY-ST-ZIP I TITLE NAME STREET ADDRESS			Change	Addition
CI*Y-SI-ZIP			DELETE	54	I CITY-ST-ZIP			Change	Addition
Tatle Name				6.3	TITLE PRAME			FT Clause	□ Kuulioi
STREET ADDRESS	i			6.3	STREET ADDRESS				

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 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.

FILED

Apr 29 1997 8:00am

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