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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F73570

1. Corporation Name

(6)

Mailing Address

**BLOUNT SIKES & ASSOCIATES, INC.** 

FILED Feb 10 1997 8:00am Secretary of State

LINGUISE SUN MARK	AND DEED IN CO.	DOMESTIC STREET	OLOM BIOM BIOM STAN 161
	112 MH 35		
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	3HT 131 3 T	SEL MALI FINI	. NAR HILL HILL HER HE
	I RIIN BAN SINI	TIEL BIELLBIEN	

1199 NORTH ORANGE AVENUE P.O. BOX 547759 ORLANDO FL 32854-4759			1199 NORTH ORANGE AVENUE P.O. BOX 547759 ORLANDO FL 32854-7759 US					3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1982 01/31/1996						
2. Principal Pl	lace of Business	;	[ 2	28.	Mailing Address			······································		4. FEI Number	1		pplied For	]
21			2	6						59-2182328		N	lot Applicable	3
Suite, Apt #, etc.			2	Suite, Apt. #, etc. 27				5. Certificate of Status Desired	ate of Status Desired					
City & State	City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Ζιρ <b>24</b>	25	Country	2:	Zip Country 8. This corporation has tiability for intangible tax u			_	s. 199.032,						
	9. Name and	d Address of	Current Reg	gist	ered Agent	· h.a.uh	<u> </u>			10. Name and Address of New Re	gistered .	Agent		_
BOY	LES, WILLIAM	A			•		81	Name						
201 (	EAST PINE ST ANDO FL 328	REET					82	Street	Addres	s (P.O. Box Number is Not Acceptab	ole)		, , , , , , , , , , , , , , , , , , ,	
J							83							
							84	City		•,	FL	85 Zip	Code	1
11. Pursuant I office or re agent. Lai	to the provisions eg stered agent im familiar with,	s of Sections ( or both, in th and accept th	607.0502 and ie State of Fl ne obligations	d 60 orid s of,	7.1508, Florida Statu a. Such change was Section 607.0505, Fl	es, the authoriz	above ed by atutes	e-named y the corp s.	corpor coration	ation submits this statement for the p n's board of directors. I hereby accep	urpose of t the app	changing ointment a	its registered s registered	
SIGNATURE	Styriature; typical or p				(10)	F D				when reinstating)	DATE	<del></del>		
12.	Signature, typical or p		RS AND DIF			13		erk signature	required	ADDITIONS/CHANGES TO OFFIC		DIRECTO	BS IN 12	⊣ം
Tillet	VD				DELETE		TITLE	•	i	1.00111010101111100010101111	72110 11112	Change		⊣§
NAME	BLOUNT, WI	ESLEY E.				1.2	NAME					•		4
STREET ADDRESS	1199 N ORA					1.3	STREET	F ADDRESS						
CITY - ST- ZIP	ORLANDO F					1.4	CITY-S	ST-ZIP						CR2E034 (9/96)
TIFLE	VTD				DELETE	2.1	TITLE					☐ Change	Addition	
NAME	ROCKETT, L					2.2	NAME	,						
STREET ADDRESS	1199 N ORA					2.3	STREET	ADDRESS						
CITY - S.I - Z(F)	ORLANDO F	<u> </u>				_		ST-ZIP		· · · · · · · · · · · · · · · · · · ·			<u> </u>	4
TITLE	PSD				☐ DELETE		LITE					☐ Change	Addition	'
NAME	SIKES, JOH						NAME							
STREET ADDRESS	1199 N ORA							T ADDRESS						
CITY-ST ZIP TITLE	ORLANDO P	<u>L</u>			DELETE		CITY-S	ST-ZIP		<u> </u>	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	$\exists$
NAME	CAREY, BRE	NUT K			hand Decemb		NAME					- civalgo	riagition	
STREET ADDRESS	119 N ORAN		F					T ADDRESS						
	ORLANDO F		<b>-</b>				CITY-S							
CHY-SI-ZIF TITLE	ONLANDO I	<u>L</u>			DELETE		TITLE	51- £ir				Change	Addition	<del>,  </del>
NAME.							NAME			'				
STREET ADDRESS								T ADDRESS					•	
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TITLE					DELETE	_	TITLE				·	Change	Addition	7
NAME							NAME		1.			-		
STREET ADDRESS						1		T ADDRESS	1	•				
CHTY-ST-7IP							CITY-S				•			
	by certify that in	e information	supplied with	h ih	is filing does not gual				tated ii	n Section 119.07(3)(i), Florida Statute	s. I furthe	r certify tha	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 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.

**SIGNATURE:** 

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30/96 401-894-3804