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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

4-1

**FILED** Apr 08 1997 8:00am Secretary of State

GARRIS	ederal hwy	Mailing Address  Mailing Address	Y				
						Date of Last R 1/23/1996	eport
i	Place of Business	2a. Mailing Address			4. FEI Number 59-2190184	Ar	oplied For
[ <b>21</b> ] . Suite, Ap	t #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75	\$8.75 Additional Fee Required	
City & St.	tje	City & State			6. Election Campaign Financing		May Be
23 Zip	Consta	28	Counts		Trust Fund Contribution	bebbA	to Fees
24	25 29 30		Country 30	/ 	8. This corporation has liability for intangit Florida Statutes Yes	□ No	. 199.032,
GA	Name and Address of Curren RRISON, BILLY W	t Registered Agent	61	Name	10. Name and Address of New Registers	d Agent	
102	NORTH FEDERAL HWY		82	Street Add	dress (P.O. Box Number is Not Acceptable)		<del></del> _
DAI	NIA FL		83				
			84	City	F	<b>L</b> 85 Zip i	Code
SIGNATURE	Signadure Typed or printed name of registred age OFFICERS ANI		13.	ent signature requ	ured wt-en reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
NAME STREEF A DOBESS OF YEST ZEF	GARRISON, BILLY W	_ butte	1.1 TITLE 1.2 NAME 1.3 STREE' 1.4 CITY-5	T ADDRESS		Criange	L Noution
bil.f	STD	STD DELETE 2		JI-LII		Change	Addition
NAME	GARRISON, ROBERTA 102 NORTH FEDERAL HWY		2.2 NAME	T ADDRESS	•		
STREET ADDRESS COTY+SU ZID	DANIA FL		2.4 CITY-		· .		
TILLE	The first section of the first	DELETE	3.1 TILE		,	Change	Addition
NAME STREET ADDRESS			3.2 NAME	T ADDRESS			
City-St ZiP	<b>'</b>		3.4. CITY-				
THEF		DELETE	4.1 TITLE			Change Change	Addition
NAME Chock Laboration			4. 2 NAME				
STREET ADDRESS			4.3 STREE 4.4 City - S	T ADDRESS ST-ZIP			
FTH		☐ DELETE	51 TITLE			Change	Addition
NAMi			52 NAME				
STREET ADDRESS			1	T ADDRESS			
0HY-\$1-7@ 10LE		540 DELETE 617		ST-ZIP		Change	Addition
NAME		Burlot/*	6.2 NAME			"•	
STREET ADDRESS			6.3 STREE	T ADDRESS			
City+S1-7iP			6.4 CITY - S	ST - ZIP			

14. Lob 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.

BILLY W. GARRISON