## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE \$/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F9300005028 (6)

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Principal Plac	e of Business		Mailing Address					1 1001100 11(0 10100 F/A	EE MARIN MANIN MANI	II WHAIL WHINT	#1712 <b>##</b> [14 1	881 1911 (8 <b>8</b> )
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		<u>,                                     </u>	•				ı	11/05/1993	i Oi Qualilleu	,	)1/1 <b>996</b>	
2. Principal P	lace of Business	2:	Mailing Address					FEI Number		<u> </u>		Applied For
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Sulte, Apt.	#, etc.		Suite, Apt. #, etc.				+-				\$8.7	5 Additional
22		27	]				ь.	Certificate of Statu	is Desired			Required
City & Stat	e		City & State				6.	Election Campaig	n Financing		\$5.0	May Be
23		28	<u> </u>					Trust Fund Contrit	oution		Adde	d to Fees
Zip		ountry	Zip 1	Cour	ntry		8.	This corporation of		-	_ `	
24	25	29		30				Personal Property			Yes	∐ No
		ddress of Current Regi	istered Agent		81	Name	10.	Name and Addre	88 OT NEW H	egistered .	Agent	
	Corporation S S. Pine Island				۱ ۱	Name						
		Ţ	82 Street Address (F			O. Box Number is	Not Accepta	ble)				
PLAN	VTATION FL 3332	<b>(4</b>		}	83							
EMILE :	i				33							
#ISO - TILL-					84	City				FL	85 Z	ip Code
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office or r	egistered agent, or	Sections 607.0502 and both, in the State of Flor	rida. Such change was	s authorized	by th	he corporal	tion's b	oard of directors.	hereby acce	pt the app	ointment	as registered
agent.la	ım familiar with, and	accept the obligations	ot Section 607 0505 I	Florida Statu								
1 .			0., 0000001 007.00001	TOTION OLONG	J105.							
SIGNATURE	Signature, typed or printer	d name of recistered agent and lit	·			Sionalura reculi	red when	reinstating)		DATE		
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	PD	OFFICERS AND DIRE	tle if applicable. (No	OTE: Registered	Agent	signature requit			GES TO OFFI		DIRECT	
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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 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 corporator 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 a statement with an address.

**FILED** 

Jul 29 1997 8:00am

Secretary of State