## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANN	ANNUAL REPORT  1997		Secretary of State DIVISION OF CORPORATIONS		Secretary of State				
	MENT : ON SUPPL		0003997 (3)				1 11 6 11 10 6 11 11 11 11 11 11 11 11 11 11 11 11 1	III <b>88</b> III 88II 8 III 8	A PANIL MAN RAKI
Principal Place of Business P.O. BOX 6784 JACKSON MS 39212			Mailing Address P.O. BOX 6784 JACKSON MS 39212						
							DO NOT WRITE  3. Date incorporated or Qualified  08/01/1994	3a. Date of La 05/01/198	•
	Place of Busine	SS	2a. Mailing Address				4. FEI Number		Applied For
21 Suite Ant	# 010	<del></del>	26				64-0721378		Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip		Country	Zip	Cou	untry		8. This corporation owes or has pa		
24	2		29	30	т		Personal Property Tax due June		_
		nd Address of Currer	ni Kegisterea Agent		81 Nar	ne	10. Name and Address of New Re	gistered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324									
					<b>82</b> Stre	et Addı	ress (P.O. Box Number is Not Acceptab	ıle)	
. –		*****			83			-	
					84 City	,		<b>—.</b> 85 2	Zip Code
-44 5		(0.11		·····	"			- FL   !	•
office or i	to t <b>ne</b> provisioi egi <mark>ste</mark> red ager	ns of Sections 607.050 nt, or both, in the State	02 and 607.1508, Florida <b>Sta</b> tu Lof Florida, Such change was	ites, the al authorize	bove-nam d by the d	ied corp corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing the appointment	ig its registered as registered
i	ım familiar with	, and accept the oblig	ations of, Section 607.0505, F	lorida Stat	lutes.				
SIGNATURE	Signature, typod or	printed name of registered age	ent and litte if applicable (NO	TE: Registero	d Agent signs	ature requi	ired when reinstating)	DATE	
12.		OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	PD	0145150 W	☐ DELETE	111	TLE	f		Chan	ge 🔲 Addition
NAME	HENFHUW 5650 TERF	, CHARLES W		1.2 N/					
STREET ADDRESS	JACKSON				reet addre:	×s			
CITY-ST-ZIP TITLE	VD	1110 09212	DELETE	1.4 C	TY-ST-ZIP			☐ Chan	ge Addition
NAME		, CHARLES JR		2.2 N/				C Vitali	go
STREET ADDRESS	1345 DAVI				REET ADDRES	ss			
CITY-ST-ZIP	JACKSON	MS 39170		2.4 C	ITY-\$1-ZIP				
TITLE	STD		DELETE	3.1 TI	TLE			Chan	ge Addition
NAME	5650 TERR	, CHARLENE G		3.2 N/					
STREET ADDRESS	JACKSON				REET ADDRES	iS			
CITY-ST-ZIP TITLE	UNDINOUN	INO VOL IL	☐ DELETE	3.4. U	ITY-ST-ZIP Ti f			☐ Chan	ge Addition
NAME				4. 2 N					go
STREET ADDRESS				4.3 ST	REET ADDRES	ss			
CITY-ST-ZIP				4.4 CF	TY-ST-ZIP				
TITLE			☐ DELETE	5.1 TO				☐ Chang	ge 🔲 Addition
NAME				5.2 NA					
STREET ADDRESS					REET ADORES	iS			
CITY-ST-ZIP TITLE			DELETE	5.4 CI	TY-ST-ZIP ILE	+-		☐ Chang	ge Addition
NAME				6.2 NA					AUUMUII
STREET ADDRESS					REET ADORES	is			
CITY-ST-ZIP	#4				IY-ST-ZIP				

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.

Marinet Rivers Suldies

8/11/97 (MI-373-934)

**FILED** 

Aug 15 1997 8:00am