4-10-97 B-4382 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



PROFIT CORPORATION ANNUAL REPORT 1997 FLORIDA DEPARTMENT Sandra B. Morth Secretary of State DIVISION OF CORPOR							
Principal Place of Business Principal Place of Business Mailing Address 1943 N. 50TH STREET BIRMINGHAM AL 35212							
					3. Date Incorporated or Qualified 05/08/1995	3a. Date of Last 04/24/1996	
Principal Place of Business		2a. Mailing Address	├ ¬		4. FEI Number 63-0916533	⊢ →+-	Applied For Not Applica
Sulte, Apt. #, etc.		Suite, Apl. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75	Additiona
City & State		City & State	City & State		6. Election Campaign Financing		Required May Be
Zip Country		Zip Country		Trust Fund Contribution	Adde:	d to Fees	
25		29	30		8. This corporation has liability for intangible tax under s. 199. Florida Statutes		
	ame and Address of Curr	·	81	Name	10. Name and Address of New Re	distaten Adeut	
SUITE 105					Iress (P.O. Box Number is Not Acceptat	ole)	
TALLAHASSEE FL 32301							
				84 City FI 85 Zip		Code	
SIGNATURE Signature,	typed or printed name of registered a	gent and tile if applicative. (NO ND DIRECTORS	11 Registered Ager		poration submits this statement for the pation's board of directors. I hereby acception's board of directors. I hereby acceptives when resistating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTO	ORS IN 12
TITLE PTD), MATTHEW L	☐ DELETE	1.1 HILE	-		Change	Ad
	N. 50TH STREET		1.2 NAME 1.3 STREET A	ADDRESS			
BIRMINGHAM AL 35212			1.4 C(1Y - S1 - Z(P				
ITLE VSD		DELETE	DELETE 2.5 TIPLE			Change	Ad
NAME MOÈDE, WALTER M STREET ADDRESS 1943 N. 50TH STREET CITY-ST-ZIP BIRMINGHAM AL 35212		• •	2.2 NAME 2.3 STREET A	toogree			
			2.3 SINCE 17	ì	†	•	
ITLE		DELFTE	3.1 T/TLE			Change	Ad
NAME			3.2 NAMÉ	202044			
STREET ADDRESS DITY-ST-ZIP			3.3 STREET A 3.4 CITY-ST				
TILE DELETE			4.1 TITLE		<u></u>	☐ Change	Ad
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A				
HTY-ST-ZIP DELETE			4.4 CITY-ST 5.1 TITLE	- UP		☐ Change	Add
NAME			5.2 NAME	Ì		<u> </u>	
TREET ADDRESS			5.3 STREET A	ADDRESS			
ATY-ST-ZIP		T rvirar	5.4 CITY - ST-	- ZIP		T OL	77.2
TITLE NAME		DETETE	6.2 NAME			Change	Add
armalle.			6.3 STREET A	0.0001.00			
STREET ADDRESS			0.3 318551 #	MORESS 1			

6.4 CITY-ST-ZIF

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 logal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with an address.

SIGNATURE:

4/2/92