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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500002603 (7)

Principal Plac 79 HAMMOND PLATTSBURGH	LANE	Mailing Address 79 HAMMOND LANE PLATTSBURGH NY 12901-20	000		
ļ				 Date Incorporated or Qualified 05/30/1995 	3a. Date of Last Report 06/28/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		14-1268708	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	8. This corporation has liability for	r intangible tax under s. 199.032, Yes No
24]	25 25 Name and Address of Curre		30]	Florida Statutes 10. Name and Address of New F	
VEN	NEDY, ROGER B JR		B1 Name	10. 110110 1110 110110 01 11011	
	CYPRESS LANDING DRIVE				
	GWOOD FL 32779		82 Street A	ddress (P.O. Box Number is Not Accept	able)
		The state of the s	83 64 City		FL 85 Zip Code
agent. I a SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	rida Statutes. Registered Agent signature n		DAYE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PC POOED B	☐ DELETE	1.1 TITLE		X Change Addition
NAME	KENNEDY, ROGER B 70 BEEKMAN STREET		1.2 NAME	Kennedy, Roger B 5000 Royal Marco Way	. H-4+ E20
STREET ADORESS	PLATTSBURGH NY 12901		1.3 STREET ADDRESS		4145
CITY-ST-ZIP TITLE	S	DELETE	1.4 CITY - ST - ZIP 2.1 TIBLE	Marco Island, Fl. 3	Change Addition
NAME	CHANNELL, KENNETH J		P.2 NAME		Change Addition
STREET ADDRESS	69 ADIRONDACK LANE		2.3 STREET ADDRESS		
CITY-ST-2IP	PLATTSBURGH NY 12901		2 4 CITY-ST-ZIP		
TITLE	TC	DELETE	3.1 TITLE		Change Addition
NAME	GUGLIELMO, JUDY		3.2 NAME		
STREET ADDRESS	48 SANDRA AVE		:3.3 STREET ADDRESS		
CITY-ST-ZIP	PLATTSBURGH NY 12901		13.4. CITY - ST - ZIP		
TITLE		DELETE	.4.1 TITLE		Change Addition
NAME			14. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY - ST - ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 7IP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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:

(518)563-5080

FILED

May 16 1997 8:00am

Secretary of State