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

**PROFIT CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra Be Mortham

**FILED** 

Jun 18 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

|                               | DIANE   |                               |  |  |                                   |
|-------------------------------|---|-------------------------------|--|--|-----------------------------------|
|                               |   |                               |  | 3. Date Incorporated or Qualified 3 02/05/1996   | a. Date of Last Report            |
| ·                             | lace of Business                                  | 2a. Mailing Address           | · · · · · · · · · · · · · · · · · · ·  | 4. FEI Number  | Applied For                       |
| Suite, Apt                    | #. etc.   | 26                            |  | 52-1668299   | Not Applicable  \$8.75 Additional |
| 22                            | .,,,  | 27                            |  | 5. Certificate of Status Desired   | Fee Required                      |
| City & State                  |   | City & State                  |  | 6. Election Campaign Financing   | \$5.00 May Be                     |
| Zip                           | Country   | 28  <br>  Zip                 | Country  | Trust Fund Contribution  8. This corporation has liability for inter   |                                   |
| 24                            | 25  | 29                            | 30   | Florida Statutes   | s 🔲 No                            |
|                               | 9. Name and Address of Curre                      | nt Registered Agent           | 81 Name  | 10. Name and Address of New Regist   | ered Agent                        |
|                               | S, OWEN P<br>NORWOOD LANE                         |                               |  |  | ,                                 |
|                               | CE FL 34292                                       |                               | 82 Street Ac   | ddress (P.O. Box Number is Not Acceptable)   |                                   |
|                               |   |                               | 83   |  |                                   |
|                               |   |                               | 84 City  |  | FL 85 Zip Code                    |
| SIGNATUR                      | Signature, typod or printed name of registered ag |                               | authorized by the corpolorida Statutes.  16. Registured Agent signature records. |  | 8"Zo-97                           |
| TITLE                         | PIDC OFFICERS AN                                  | DELETE                        | 1.1 Title  | ADDITIONS/CHANGES TO OFFICERS  | Change Addition                   |
| NAME                          | MILLS, OWEN P                                     |                               | 1.2 NAME   |  |                                   |
| STREET ADDRESS                | 2830 NORWOOD LANE                                 |                               | 1.3 STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP<br>TITLE          | VENICE FL 34292<br>VS                             | ☐ DELETE                      | 1.4 CITY - ST - ZIP<br>2.1 TITLE   |  | Change Addition                   |
| NAME                          | MILLS, SONJA                                      |                               | 2.2 NAME   |  | Onungo Noonto                     |
| STREET ADDRESS                | 2830 NORWOOD LANE                                 |                               | 2.3 STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP                   | VENICE FL 34292                                   | DE SE                         | 2. 4 CITY-ST-ZIP   |  |                                   |
| TITLE<br>NAME                 |   | DELETE                        | 3.1 TITLE<br>3.2 NAME  |  | Change Addition                   |
| STREET ADDRESS                |   |                               | 3.3 STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP                   |   |                               | 3.4. CITY-ST-ZIP   |  |                                   |
| TITLE                         |   | ☐ DELETE                      | 41 THLE  |  | Change Addition                   |
| NAME<br>OTOGET ADDRESS        |   |                               | 4. 2 NAME  |  |                                   |
| STREET ADDRESS<br>CITY-ST-ZIP |   |                               | 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP   |  | •                                 |
| TITLE                         |   | DELETE                        | 5.1 TITLE  |  | Change Addition                   |
| NAME                          |   |                               | 5.2 NAME   |  |                                   |
| STREET ADDRESS                |   |                               | 5.3 STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP                   |   | DELETE                        | 5.4 C(1) - ST-7(P  |  | Change Addition                   |
| TITLE<br>NAME                 |   | ULLETE                        | 6.1 TITLE<br>6.2 NAME  |  | LI Change LI Addition             |
| STREET ADDRESS                |   |                               | 63 STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP                   |   |                               | 6.4 CITY-ST-ZIP  |  |                                   |
| informatio                    | n indicated on this annual report or a            | supplemental annual report is | true and accurate and the  | led in Section 119.07(3)(i). Florida Statutes. If<br>hat my signature shall have the same legal effe<br>port as required by Chapter 607, Florida Statu | ect as if made under oath; tha    |