## 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 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

	3395 SKYWAY DR.						DO NOT WRITE IN THIS SPACE					
								Date Incorporated or Qualified 03/01/1996	3a. Dat	e of L	ast Re	port
21	ace of Business	2a. Mailing 26					4.	FEI Number <b>63-0969049</b>				olied For Applicab
Sulte, Apt. #		27	Apt. #, etc.				5.	Certificate of Status Desired		F	ee Red	
City & State		28	& State				6.	Election Campaign Financing Trust Fund Contribution			.00 i	May Be Fees
Zip 24	Country Zip Co 25 29 30  9. Name and Address of Current Registered Agent						8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent					
. –	TATION FL 33324  on the provisions of Sections 607: gistered agent, or both, in the Sin familiar with, and accept the of	0502 and 607,1508 late of Florida. Such oligations of, Section	Florida Statute change was a 607.0505, Flo	8. s, the about thorized bride Statut	4	City -named corporat	poration tion's b	n submits this statement for the p poard of directors. I hereby accep	FL urpose of ot the appo	85 chanç intmo	Zip C ging its nt as r	
SIGNATURE	Ignature, typod or printed name of registered					nt signature requi			DATE			
12.		AND DIRECTORS	o. (non.	13.	igen	ii siği bidir i eddi		ADDITIONS/CHANGES TO OFFIC		DIRE	CTORS	S IN 12
TITLE NAME STREET ADDRESS	P PARKER, JIM 3365 SKYWAY DR. AUBURN AL 36830	DELETE 1.1  PKER, JIM 1.2  SS SKYWAY DR. 1.33			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					Ch		Addilio
TITLE NAME	PARKER, LISALYN 3365 SKYWAY DR. AUBURN AL 36830	URKER, LISALYN  5 SKYWAY DR.  22 N			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					Ch	ange	Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ DELETE	3.1 TITLE 3.2 NAMI	E ET#	ADDRESS				Ch	ange	Additio
TITLE NAME	<del></del>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	4.1 TITLE		1 41				Ch	ange	Additio

64 CHTY-ST-ZIP CITY-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 address.

4.3 STREET ADDRESS

**5 3 STREET ADDRESS** 

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE 52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

CITY-ST-ZIP

O Sim Parker, President

7/23/97

(334) 887-7275

Change

Change

\_\_\_ Addition

\_\_\_ Addition

FILED

Jul 29 1997 8:00am

Secretary of State