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

DOCUMENT # F96000004690 (1)

Principal Place of Business Mailing Address 3571 CLUBLAND DR 3571 CLUBLAND DR MARIETTA GA 30068						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 38. Date of Last Report			
						09/11/1996	Ja. Date of Last	көроп	
	Place of Business	—	28. Mailing Address			4. FEI Number	Applied to		
Suite, Ap	1 # ato	26 Suite Ant	Suite, Apt. #, etc.			58-2018702 Not Applicable			
22 Soile, Ap		27 Suite, Apr.				6. Certificate of Status Desired		Additional Required	
City & Sta	ate	City & Stat	City & State			6. Election Campaign Financing	\$5.0	O May Be	
23	28		<u>.</u>			Trust Fund Contribution	☐ Adde	d to Fees	
Zip	Country	Zip	<u> </u>	Country		8. This corporation owes or has paid the current year Intangible			
24	9. Name and Address of Current Registered Agent			L		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
COAN, JESSE					Name	10. Nume and Addieds of flow flo	Bistolog Agailt		
32927 INDIAN WOOD DR LEESBURG FL 34788				82 83 84	Street Ad	ddress (P.O. Box Number is Not Acceptat	log 7	Code	
11. Pursuan office or	t to the provisions of Sections of registered agent, or both, in the	607.0502 and 607.1508, Flo e State of Florida. Such ch	orida Statutes, ange was auth	the above	e-named corpo	orporation submits this statement for the pration's board of directors. I hereby accept			
l		ie obligations of, Section 60	7.0505, Florida	a Statutos	š.				
SIGNATURE	Signature, typed or printed name of regi	stered agent and little if applicable.	(NOTE Re	gistered Age	nt signature re	quired when reinstating)	DATE		
12.		RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12	
TITLE	DCP DELETE		DELETE	1.1 TITLE			Change	Addition	
NAME				1.2 NAME					
SERVICETA DA COCCO			1.3 STREET ADDRESS						
CITY-ST-ZIP	MARIETTA GA 30068			1.4 CITY-ST-ZIP					
TATLE				2.1 TITLE			Change	Addition	
l	APPA OLUDI AND DO			2.2 NAME					
ł	MADELLA OF BOSOG			2.3 STREET ADDRESS					
CITY-ST-ZIP				2. 4 CITY - 9 3.1 TITLE	IT- ZIP		Change	Addition	
			i			□ change			
STREET ADDRESS				3.2 NAME	1000000			ŀ	
OITV. CT. 7ID				3.3 STREE1				1	

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 attachment with an address.

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STHEET ADDRESS

5.4 City-St-ZIP

4.4 CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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WAIRE JOSE OHIRED

DELETE

DELETE

DELETE

8/11/01

Change

Change

Addition

Addition

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FILED

Aug 27 1997 8:00am

Secretary of State