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

PROFIT CORPORATION -ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

				1	9	9	7	,
-	_	_			_			_

VAN	CUMENT # G1416 LANDINGHAM, DURSCHER Place of Business		NC.		
15 SE FIRST AVE., SUITE B		15 SE FIRST AVE., SUITI			
GAINESVI	ILLE FL 32601	GAINESVILLE FL 32001-6	240		
					ate of Last Report
2. Princij	pal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2266753	Not Applicable
Suite, 22	Apt #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
	State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip (29)	Country 30	8. This corporation has liability for intangible Florida Statutes	
24	25 9. Name and Address of Curr		1301	10. Name and Address of New Registered	
	DURSCHER, LYNN M		81 Name		
{	15 SE 1 AVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
1	STE B GAINESVILLE FL 32601		83		
	CANNESVILLE PL 32001			· · · · · · · · · · · · · · · · · · ·	T1 = 0
Ì			84 City	FL	
11. Pursi office ager SIGNATU	IRF			rporation submits this statement for the purpose of altion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
12.	Signature, typed or printed name of registered a OFFICERS A	agent and tille if applicable (NO: ND DIRECTORS	IE Registered Agent signature required 13.	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TIFLE	DPT	DELETE	1.1 TITLE		Change Addition
NAME	DURSCHER, LYNN		1.2 NAME		
STREET ADD			1.3 STREET ADDRESS		
CITY - \$1 - 71F	GAINESVILLE FL DVS	L] DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	VAN LANDINGHAM,CYNTHI		2.2 NAME		
STREET ADO	RESS 15 SE FIRST AVE. STE B		2.3 STREET ADDRESS		
CHY-51 Zu	GAINESVILLE FL	- DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE NAME		L] DELETE	3.1 TITLE 32 NAME		Change Addition
STREET ADD	RESS		3.3 STREET ADDRESS		
CITY - S1 - 7H			3.4 CITY-ST-ZIP		
THILE		DELETE	4.1 TITLE		Change Addition
NAMÉ STREET ADO	pr ec		4. 2 NAME 4.3 STREET ADDRESS		
CHY-ST-20	· ·		4.4 CITY - ST - ZIP		}
1.111		DELETE	51 TITLE	111,	Change Addition
NAME			52 NAME		
STREET ADD			5.3 STREET ADDRESS	,	
TOTAL ST- ZH	Ρ	DELETE	5.4 CITY-ST-ZIP 61 TITLE	And the second s	Change Addition
NAME			6.2 NAME		
STREET ADO	RESS		6.3 STREET ADDRESS		

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.

FILED

May 08 1997 8:00am

Secretary of State