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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

141

FILED
May 02 1997 8:00am
Secretary of State

				ess RSON ST FL 34801-2	418					
							3. Date incorporated or Qualified 12/29/1982	3a. Date of L 03/14/19		port
Principal Place of Business			2a. Mailing Ad	2a. Mailing Address			4. FEI Number		App	olied For
			26]				59-2240577			Applicable
Suite, Apt. #, etc.		· '	Suite, Apt. #, etc. 27 City & State			6. Certificate of Status Desired	1 4 4.	\$8.75 Additional Fee Required		
City & State							6. Election Campaign Financing	\$5	5.00 k	May Be
<u> </u>			28		· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution		ol bebb	Fees
Ζφ 3	ļ	Country	Zip		Country	<b>/</b>	8. This corporation has liability for	r intangible tax un	ider s.	199,032.
L		25 and Address of Cu	29 urrent Registered Agen	ıt	30		Florida Statutes  10. Name and Address of New R			
SI	MS, JOHN D.				81	Name				
	75 WALLIEN				82	Street Ado	dress (P.O. Box Number is Not Accepta	able)		····
BF	ROOKSVILLE	FL 34601								······································
					83					
					84	City		85	Zip C	ode
. Pursual office of agent	nt to the provisi r registered ag Lam familiar wi	ons of Sections 607 ent, or both, in the 5 th, and accept the c	7.0502 and 607.1508, Flo State of Florida. Such ch obligations of Section 60	orida Statu lange was 07.0505. Fi	tes, the above authorized by lorida Statute	re-named cor y the corpora	rporation submits this statement for the atlon's board of directors. I hereby according	purpose of change ept the appointment	ging its int as r	registered egistered
GNATUR	£.	or printed name of registers	7.0502 and 607.1508, Flo State of Florida. Such ch obligations of, Section 60 and agent and title 1 applicable. S AND DIRECTORS				rporation submits this statement for the ation's board of directors. I hereby accurate when reinstating)  ADDITIONS/CHANGES TO OFF	purpose of change of the appointment of the appoint		
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The include Certain that the information supplies with this ining does not qualify to the exemption stated in Section 119 D/(3)(i). Florida Statutes. I further certify that the information indicated on this 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 exporation 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 10 iffichanged, or on an attachment with an address.

SIGNATURE:

NTEO NAME OF BIGNING OFFICER OR DIRECTOR

73-86/- 258 Day: me Phone # 0442431