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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G33083

(8)

Principal Place of Businoss Mailing Address 3901 BAHIA VISTA ST. SUITE L-705 SUITE L-705 SARASOTA FL 34232 SARASOTA FL 34232-2478					
				 Date Incorporated or Qualified 04/13/1983 	d 3a. Date of Last Report 04/11/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2290951	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stal	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country		or intangible tax under s. 199.032,
24	9, Name and Address of Curren	29	[30]	Florida Statutes 10. Name and Address of New I	Yes No
COL	ROON, MARVENE A.	i negistereo Agent	81 Name	10. Name and Address of New I	Johnstoned Whent
	1 RINGLING BLVD., STE. 208-BLD	og. C	00 00 00	(D.O. D. N	-(L)
	ASOTA FL 33577	•	82 Street Add	fress (P.O. Box Number is Not Accept	able)
			83		
			84 City		■■ 85 Zip Code
24 5	A-40	0		poration submits this statement for the stion's board of directors. I hereby acc	-
SIGNATURE	Marvene A. Go Signature, typed or printed name of registered age OFFICERS ANI	n and title if applicable 4H 4NOT	Registered Agent signature requ		4-20-87
TITLE	PD	DELETE	1.1 MILF		Change Addition
NAME	ROMAINE, ROBERT E.		1.2 NAME		
STREET ADDRESS	3901 BAHIA VISTA ST. SARASOTA FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DVP	DELETE	1.4 CHY+ ST+ ZIP 2.1 HTLF		Change Addition
NAME	ROMAINE, MARGUERITE C.	L. Dillit	22 NAME		[] prigride [] yourion
STREET ADDRESS	3901 BAHIA VISTA ST.		2.3 STREET ADDRESS		*
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY - S1 - ZIP		
FITLE		DELETE	3.1 1ITLE	, , , , , , , , , , , , , , , , , , , ,	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CHY-S1-ZIP 4.1 THLE		Change Add-tion
NAME		- Occur	4.2 NAME		□ anougo □ Macditin
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - 7IP		
TITLE SOF		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		F Detrit	6.2 NAME		FT Analiko FT vooilioit
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 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 trusted 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.

CHATURE ROBERT & Robert F Romaine 11 20 02 911 022 000