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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G47403

(2)

Mailing Address

METCALF AND ASSOCIATES, INC.

FILED Apr 10 1997 8:00am Secretary of State

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US		•			"	07/01/1983	JO OF GOOMINGS		2/1996	юрон
2. Principal Pl.	ace of Business		Mailing Address	. // _ ^ _	4.	FEI Number			A	pplied For
21 /090	5 Elbow Dr.	26	10905 E	1bow Or		59-2301756	3		<del></del>	ot Applicable
Suite, Apt 4	#, etc	27	Suite, Apt. #, etc.		5.	Certificate of Sta	itus Desired			Additional equired
City & State	9		City & State		6.	Election Campai	gn Financing		\$5.00	May Be
23 TAI	MAR	28	Tamil	a, PL		Trust Fund Contr	ribution		Added	to Fees
Zip <b>/</b>	Country V		33612	Country	8.	This corporation Florida Statutes		intang⊧ble ¶Yes [		s. 199.032,
	9. Name and Address of C	urrent Registe	red Agent		10.	Name and Add	ress of New Re	gistered #	\gent	
BUR	ITON, STEVEN G.			B1 Na	me					
	S ASHLEY DR			<b>62</b> Str	reet Address (F	P.O. Box Number	is Not Acceptab	ole)		
	TE 2200			J. 30	our noureds (F	Lon Humber	is not recopial			
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				84 C	y (			FL	<b>85</b> Zip	Code
11 Pursuant I	to the provisions of Sections 60	7 0502 and 607	7 1508, Florida Statu	tes the above-na	nad porgoratio	on submits this sta	tement for the p		changing	its registered
office or re	to the provisions of Sections 60 egistered agent, or both, in the	State of Florida	. Such change was	authorized by the	corporation e i	board of directors	. I hereby accer	ot the app	ointment a	s registered
agent far	m familiar with, and accept the	obligations of,	Section 607.0505, FI	iorida Statutes.						
					and the second second					
SIGNATURE .			0.00		*************			DATE		
	Signature: typed or printed name of register			TE Registered Agent sig			NGES TO OFFIC	DATE CERS AND	DIRECTO	RS IN 12
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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 or Lam an officer or director of the perpendion 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.

SIGNATURE: