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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 13 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G56589

(6)

Principal Place 4565 S.W. HON PALM CITY FL	EY TERRACE	Mailing Address 4565 S.W. HONEY TERRA PALM CITY FL 34990-564								
						3. Date Incorporated or Qualified 08/24/1983	1	ate of Last R 28/1996	eport	]
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	T PP TO T			
21		26			59-2313235	Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re			
City & State	e	City & State				6, Election Campaign Financing		\$5.00	_:	1
23		28				Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Co	untry	,	8. This corporation has liability for i				1
24	25	29	30	,		Florida Statutes		J No	133.032	
	9. Name and Address of Current		151		-	10. Name and Address of New Re	istered	Agent		1
BOV	VMAN, WILLIAM EDWARD			81	Name					1
4565 SW HONEY TERR					Stroot Ad	dress (P.O. Box Number is Not Acceptab	le)			-
PALI	M CITY 34990			82	Olloet Ad	areas (1.0. box Nambol 13 Not Acceptab	,0,			
				83					***************************************	1
				-	0.4			Tee 1 7:-	<u></u>	┨
				84	City		FL	<b>85</b> Zip (	Code	
l office or r	to the provisions of Sections 607 0502 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was	s authoriza	∍d h⊊	the cornor	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of the app	changing it ointment as	s registered registered	
SIGNATURE	Signature typed or orinted name of registered ager	nt and title if applicable (No	OTE Register	ed Age	ent signature req	uired when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12	୍ରିଷ୍ଟ
TATLE	PVP	DELETE 1.11						☐ Change	Addition	CR2E034 (9/96)
NAME	BOWMAN, WILLIAM EDWARD		1 2 NAME							8
STREET ADDRESS	4565 SW HONEY TERR		135	STREET	ADDRESS					l S
CITY - ST - ZIP	PALM CITY FL		140	DrTY - S	T - ZIP					<u> </u> ₩
TITLE	☐ DELETE 21			HTLE				∐ Change	Addition	0
NAME	22			NAME						İ
STREET ADDRESS				STREET	ADDRESS	•				İ
CITY-ST-ZIP			2 4 C/TY - ST - ZIP					<u> </u>		4
TITLE				3 1 TITL€				∐ Change	Addition	
NAME				NAME						
STREET ADDRESS			335	STREET	ADDRESS					
CITY-ST-ZIP				3 4. CITY - ST - ZIP				T as a		-
TITLE		☐ DELETE	4 1 TITLE					Change	☐ Addition	
NAME				4 2 NAME						
STREET ADDRESS			4.3 9	STREET	ADDRESS					
CITY - ST - ZIP		T BELEVE		CITY-S	IT - ZIP			0	8.4400	4
TITLE		☐ DELETE		TITLE				☐ Change	Addition	
NAM <del>É</del>				NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					T - ZIP			Channe	Additio-	4
TITLE		DELETE		IIILE				Change	Addition	
NAME				NAME	IDDOCCO					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			640	CITY - S	I - ZIP					1

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.