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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G70070

| - |     | <b>S</b> . | UUI | • |  |
|---|-----|------------|-----|---|--|
| _ | ^~  |            |     |   |  |
| U | UKP | ORAT       | ED  |   |  |

(9)

| Apr 29 1997 8:00am |
|--------------------|
| Secretary of State |

250 1101 -2111

| Principal Place of Business Mailing Address  18675 PHILLIPS ROAD 18675 PHILLIPS ROAD BROOKSVILLE FL 34609 BROOKSVILLE FL 34609-6948 |  |   |  |                             |  |                                      |  | <u>,</u>  |                                   |   |                      |                        |                                  |            |  |
|---|--|---|--|-----------------------------|--|--------------------------------------|--|---|-----------------------------------|---|----------------------|------------------------|----------------------------------|------------|--|
|   |  |   |  |                             |  |                                      |  |   | •                                 | Date Incorporated or Qualified     11/15/1983                                     |                      | ate of La<br>01/199    | st Report                        |            |  |
| 2. Principal Place of Business  |  |   | r  | 2a. Mailing Address         |  |                                      |  |   | 4, FEI Number                     | Applied Fo  |                      |                        |                                  |            |  |
| Suite, Apt. #, etc.   |  |   | 2  | Suite, Apt. #, etc.         |  |                                      |  | 59-2346774  | Not Applicable  \$8.75 Additional |   |                      |                        |                                  |            |  |
| 22  |  |   | 1  | 27                          |  |                                      |  | 5. Certificate of Status Desired                                      |                                   |   | a Required           | al                     |                                  |            |  |
| City & State  |  |   |  | City & State                |  |                                      |  | 6. Election Campaign Financing  | \$5.00 May Be                     |   |                      |                        |                                  |            |  |
| 23  |  |   | 2  | 28                          |  |                                      |  | Trust Fund Contribution   |                                   |   | ded to Fees          |                        |                                  |            |  |
| Zip   | Zip Country  |   | _  | Zip Country                 |  |                                      | 8. This corporation has liability for intangible tax under s. 199.032, |   |                                   |   |                      |                        |                                  |            |  |
| 24  | 25<br>9. Name and Address of Current               |   | Current Re                                   | 9 oleter                    | 9 30   |                                      |  | Florida Statutes Yes No  10. Name and Address of New Registered Agent |                                   |   |                      |                        |                                  |            |  |
| WAT   | TERMAN, JE   |   | Odijon no                                    | Aistor                      | ou Agent   |                                      | 81   | Namo  |                                   | In trame sun verness of new Haftstatan Whatt                                      |                      |                        |                                  |            |  |
|   | 75 PHILLIPS  |   |  |                             |  |                                      |  |   |                                   |   | <del></del>          |                        |                                  |            |  |
| BROOKSVILLE FL 34608  |  |   |  |                             | 82   |                                      |  | Street  | Addres                            | Address (P.O. Box Number is Not Acceptable)                                       |                      |                        |                                  |            |  |
|   |  |   |  |                             |  | 83                                   |  |   |                                   |   |                      |                        |                                  |            |  |
|   |  |   |  |                             | 84 (   |                                      |  | City  |                                   |   | <u> </u>             | 85                     | Zip Code                         |            |  |
|   |  |   |  |                             |  |                                      | 1  |   |                                   |   | FL                   | . 1                    | •                                |            |  |
| 11. Pursuant<br>office or r<br>agent. I a   | to the provisi<br>registered ag<br>im familiar wil | ions of Sections 6<br>lent, or both, in th<br>th, and accept th | 807.0502 an<br>e Stato of Fl<br>e obligation | d 607.<br>Iorida<br>s of, S | 1508, Florida Statut<br>Such change was l<br>ection 607.0505, Fl | tes, the a<br>authorize<br>orida Sta | above<br>ed by<br>atutes   | e-named<br>the cor<br>s.  | d corpo<br>poratio                | ration submits this statement for the p<br>n's board of directors. I hereby accep | urpose of<br>the app | f changir<br>pointment | ng its register<br>t as register | ored<br>od |  |
| SIGNATURE   |  |   |  |                             | 37   |                                      |  |   |                                   |   |                      |                        |                                  |            |  |
| 12.   | Signature, lyped                                   | or printed name of regi-  | RS AND DI                                    |                             |  | t : Register                         | ed Age   | nt signatur   | e required                        | who reinstating) ADDITIONS/CHANGES TO OFFICE                                      | DATE.                | DIDECT                 | TODO IN 10                       |            |  |
| TITLE   | 1  | Office  | 110 MALY DI                                  | TEO IC                      | DELETE   | 1.1 ]                                | ITLE   |   | Т                                 | ADDITIONS/CHANGES TO OFFIC  | ENS AIVE             | Chan                   |                                  |            |  |
| NAME  | WATERMAN, DAVID A.                                 |   |  |                             |  | ł                                    | 1.2 NAME   |   | 1                                 |   |                      |                        | g. ()                            |            |  |
| STREET ADDRESS  | JAARE DUNITIDA DA                                  |   |  |                             |  | 1.3 \$1                              |  | 1.3 STREET ADDRESS  |                                   |   |                      |                        |                                  | 3          |  |
| CITY-ST-ZIP   | BROOKS   | VILLE FL  |  |                             |  | 1.4 0                                | ITY-S  | 1-7IP   |                                   |   |                      |                        |                                  | Š          |  |
| TITLE   | DP   |   |  |                             | DELETE   | 2.1 ]                                | ITLE   |   | ]                                 |   |                      | Chan                   | ige 🔲 Add                        | dition     |  |
| NAME -  |  | AN, JEAN D  |  |                             |  | 2.21                                 | IAME   |   |                                   |   |                      |                        |                                  |            |  |
| STREET ADDRESS  |  | RILLIPS RD.   | ^  |                             |  | 2.3 9                                | TREET  | ADDRESS   |                                   |   |                      |                        |                                  |            |  |
| CITY-ST-ZIP   | BHUUKS   | VILLE, FL 0000  | <u> </u>                                     |                             | DELETE   |                                      | CI1Y - S   | ST-ZIP  | ļ                                 |   |                      | Chan                   |                                  | diat       |  |
| TITLE<br>NAME   |  |   |  |                             | L) buttle  | 3.1 T                                |  |   |                                   |   | ,                    | Chan                   | ige [_] Add                      | uidon      |  |
| STREET ADDRESS  |  |   |  |                             |  | 1                                    |  | ADDRESS   |                                   |   |                      |                        |                                  |            |  |
| CITY-ST-ZIP   |  |   |  |                             |  | - 1                                  | CITY-S   |   |                                   |   |                      |                        |                                  |            |  |
| TITLE   |  |   |  |                             | DELETE   | 4.1 7                                |  |   | 1                                 |   |                      | Chan                   | ige [] Add                       | dition     |  |
| NAME  |  |   |  |                             |  | 4.2                                  | NAME   |   |                                   |   |                      |                        |                                  |            |  |
| STREET ADDRESS  |  |   |  |                             |  | 4.3 9                                | TREET  | ADDRESS   | ł                                 |   |                      |                        |                                  |            |  |
| CITY-ST-ZIP   |  |   |  |                             |  | 4.4 (                                | HY-S   | 1 - ZIP   | <u> </u>                          |   |                      |                        |                                  |            |  |
| TITLE   |  |   |  |                             | DELETE   | 5.11                                 |  |   |                                   |   |                      | Chan                   | oge 🔲 Add                        | dition     |  |
| NAME  |  |   |  |                             |  | ŀ                                    | IAME   |   |                                   |   |                      |                        |                                  | İ          |  |
| STREET ADDRESS  |  |   |  |                             |  | 1                                    |  | ADDRESS   | }                                 |   |                      |                        |                                  | }          |  |
| CITY-ST-ZIP<br>TITLE  |  |   |  |                             | DELETE   |                                      | ITLE   | 1 - ZIP   | <del> </del>                      |   |                      | Chan                   | ge [] Add                        | dition     |  |
| NAME  |  |   |  |                             | ביו מנונונ   | 61 T<br>6.2 N                        |  |   |                                   |   |                      | L PHRU                 | yo L., A00                       | uiti(III)  |  |
| STREET ADDRESS  |  |   |  |                             |  | 1                                    |  | ADDRESS   |                                   |   |                      |                        |                                  |            |  |
| CITY-ST-ZIP   |  |   |  |                             |  |                                      | 111Y - \$1   |   | 1                                 |   |                      |                        |                                  |            |  |
| ## 1 do horse   | av portilu that                                    | the information of  | الأس اعمالومين                               | 41.14                       | Olon de la contracti   | 0.4 (                                | 111.9  | I-EIF   | 1                                 | Postion 410 07(0Vi) Florida Prot. 4   | (1                   |                        | 1 10                             |            |  |

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 13 if changed, or on an attachment with an address.