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

CORPORATION ANNUAL REPORT



FILED

Jan 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business Mailing Address 1211 SE 5TH AVE CRYSTAL RIVER FL 34429 US 3. Date Incorporated or Qualified 01/16/1984 3a. Date of Last Report 01/16/1984 3a. Date of Last Report 01/16/1984 3a. Date of Last Report 03/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied Fc 211 28 Suite, Apt. #, etc. 22 27 Suite, Apt. #, etc. 3c. Certificate of Status Desired Fas Required City & State Country Countr
Principal Place of Business 1211 SE 5TH AVE
CRYSTAL RIVER FL 34429 US 3. Date incorporated or Qualified 3a. Date of Last Report 01/16/1984 03/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied Fc 59-2384595 Not Applied Fc 59-2384595 Not Applied Fc 59-2384595 Not Applied Fc 59-2384595 Suite. Apt. #, etc. 22
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27 S. Certificate of Status Desired Fee Required City & State Country Added to Fees Registerd Agent Spatial Statutes Pee Required Added to Fees Added to Fees Added to Fees Florida Statutes Pee Required Added to Fees Added to Fees No Name and Address of New Registered Agent 10. Name and Address of New Registered Agent Pagent Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agont. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registerical agent and the Registeric Agent signature requires when recaptains) DATE
28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.03 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JANSKY, NORMAN C. 1211 SE 5TH AVE CRYSTAL RIVER FL 34429 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature reported rame of registered agent and tibe it applicable. (NOTE, Registered Agent squature required when references) DATE
24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent JANSKY, NORMAN C. 1211 SE 5TH AVE CRYSTAL RIVER FL 34429 82 Street Address (P.O. Box Number is Not Acceptable) 83 Value 10. Name and Address of New Registered Agent 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and libe if applicable. (INOTE. Registered Agent signature requires when relicatoric) DATE
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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MAME JANSKY, NORMAN C. 12 NAME
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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 exporation or the receiver or justee 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 or an attacordent with an address.