## 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 # G82785** 

(8)

THE WHITIFF CORPORATION							
Principal Place	e of Business	Mailing Address				ANDIN DADAH DIDUN DADAH A	INN BYDIN 1881
1075 MASON AVENUE 1075 MASON AVENUE DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117-46			17-4611				
					3. Date Incorporated or Qualified	3a. Date of Las	t Report
				02/01/1984	02/26/1996		
2. Principal Place of Business		2a, Mailing Address		4. FEI Number			
21		Suite, Apt. #, etc.		59-2445977		Not Applicable	
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	1 1	5 Additional Required	
City & State	ť	City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution Added to Fees			
Zip Country		Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30		30		Florida Statutes X Yes No		
	9. Name and Address of Curren	l Registered Agent			10. Name and Address of New Re	gistered Agent	
	LESPY, THURMAN, JR., M.D.		8.	Name			
	5 MASON AVENUE		8	Street Add	iress (P.O. Box Number is Not Acceptab	ole)	
DAY	TONA BEACH FL 32117		-	83			
			L	<u> </u>			<del></del>
			84		FL 85 Zip Code		
l office our	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorized t lorida Statute	by the corporates.	poration submits this statement for the p ation's board of directors. I hereby accep	ot the appointment	g its registered as registered
	Sirginal relitype of or printed name of registance ago OFFICERS AND			gent signature requ	ried when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	ODD IN 12
12.	ST OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Chang	
NAME			1.2 NAME	1			, , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS	880 JOHN ANDERSON DRIVE	•	1.3 STREET ADDRESS				
CITY \$1-7P	ORMOND BCH FL		1.4 C/TY-ST-ZIP				
TITLE			2.1 TITLE			Chang	e Addition
NAME	SHOEMAKER, JAMES R		2.2 NAM8				
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY- ST-ZIF	Activities Barray		2.4 CITY	-ST-ZIP			
TITLE	01		3.1 TITLE			Chang	ye 🔲 Addition
NAME	CIPELOT 17 11 OTHER WAY OF P		3.2 NAM				
STREET ADDRESS	880 JOHN ANDERSON DR.			et address			
C'TY - ST - ZIP	ORMOND BEACH FL	Florier	3.4. CITY			[] [] []	n Addition
TITLE		DELETE	4.1 TITLE	1		Chang	ge 🔲 Addition
KAVÉ	<u> </u>		4. 2 NAM	)			
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP TITLE		DELETE.	4.4 City - 5.1 Title			Chang	e Addition
NAME		La vece le	5.1 III LE 5.2 NAMI			William Princip	
STREET ADDRESS			L	ET ADDRESS			
			5.4 CITY	1			
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE			Chang	ge Addition
NAMÉ	,	***	6.2 NAM	]			* **
STREET ADDRESS				ET ADDRESS			

City-51-ZIP

14. Loo horeby 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 charged, or on an attachment with an address.

SIGNATURE:

FEB. 12, 1997 904-255-4596

**FILED** 

Feb 17 1997 8:00am

Secretary of State

Daytime Phone EXT. 135