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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # COAAC

101

FILED Apr 28 1997 8:00am Secretary of State

	TE of Business TRAL AVENUE FL 33859-3907	Mailing Address US 27 AT CENTRAL AVENUE PO BOX 3907 LAKE WALES FL 33859-9907							
						3. Date Incorporated or Qualified 04/03/1984		te of Last I 4/1996	Report
	Place of Business	2a. Mailing	Address			4. FEI Number		<u>, , , , , , , , , , , , , , , , , , , </u>	pplied For
1 Suite, Apt	* ote	26 Suite A	pt. #, etc.			59-2395103	<u></u>		lot Applicable Additional
2	π, εισ.	27	pr. #, 610.			5. Certificate of Status Desired		+	Additional Required
City & Stat	16:	City & S	itate	***,		6. Election Campaign Financing		\$5.00) May Be
3		28		T-2-		Trust Fund Contribution		Added	to Fees
Ζφ 4]	Country	Zip 29		Count	try	This corporation has liability for Florida Statutes	rintangible Yes		s. 199.032,
11	25 9. Name and Address of Curre		ent	1301		10. Name and Address of New R			
FIEL	LDS, M. EARL			6	1 Name				
	27 AT CENTRAL AVE			je	Street Add	dress (P.O. Box Number is Not Accepta	able)		
LAK	E WALES FL 33853				13				
				[13				
				∫8	City		FL	85 Zip	Code
11. Pursuant office or i agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 607.1508, ite of Florida. Such igations of, Section	Florida Statu change was 607.0505, F	tes, the abo authorized lorida Statut	by the corporates.	rporation submits this statement for the ation's board of directors. I hereby acception	purpose of ept the appo	changing dintment a	its registered s registered
SIGNATURE	Signature, typest or proced name of registered a OFFICERS A	agent and title if applicable) (NO	Registered /	Agent signature requ	rporation submits this statement for the ation's board of directors. I hereby acceluled when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	R\$ IN 12
SIGNATURE 12.	Signature typisa or privated name of registered a OFFICERS A	agent and title if applicable		13.	Agent signature requ	ulred when reinstating)	DATE		R\$ IN 12
SIGNATURE 12. III.E VAME	Separture typed or proced name of registered a OFFICERS A DST FIELDS, JOHN R.	agent and title if applicable) (NO	13. 1.1 TITLE	Agent signature requ E	ulred when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. HILE VAME STEEL ADORESS	Signature typisa or privated name of registered a OFFICERS A	agent and title if applicable) (NO	13. 1.1 TITL 1.2 NAM 1.3 STRE	Agent signature requ	ulred when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. THE NAME STREET ADORESS CRY - ST - ZII'	OFFICERS A DST FIELDS, JOHN R. 737 ROCKFELLER ROAD LAKE FOREST IL PD	agent and title if approache ND DIRECTORS) (NO	13. 1.1 TITL 1.2 NAM 1.3 STRE	Agent signature requires	ulred when reinstating)	DATE	DIRECTO	PRS IN 12 Addition
SIGNATURE 12. THE VAME STREEF ADORESS STRY-S1-70* THE VAME	OFFICERS A DST FIELDS, JOHN R. 737 ROCKFELLER ROAD LAKE FOREST IL PD FIELDS, M. EARL	agent and title if approache ND DIRECTORS	DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI 2.2 NAM	Agent signature requires to the signature requirement of the signature req	ulred when reinstating)	DATE	DIRECTO	PRS IN 12 Addition
SIGNATURE 12. THE YAME STREET ADDRESS DIFF WAME STREET ADDRESS	OFFICERS A DST FIELDS, JOHN R. 737 ROCKFELLER ROAD LAKE FOREST IL PD FIELDS, M. EARL 100 BEACH ROAD	agent and title if approache ND DIRECTORS	DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRE 1.4 CATY 2.1 TITLI 2.2 NAM 2.3 STRE	Agent signature requires to the signature requirement of the signature req	ulred when reinstating)	DATE	DIRECTO	PRS IN 12 Addition
SIGNATURE 12. DILE NAME STREET ADDRESS CATY-ST-70* DILE NAME STREET ADDRESS CATY-ST-70*	OFFICERS A DST FIELDS, JOHN R. 737 ROCKFELLER ROAD LAKE FOREST IL PD FIELDS, M. EARL	agent and title if approache. ND DIRECTORS	DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRE 1.4 CATY 2.1 TITLI 2.2 NAM 2.3 STRE	Agent signature requires to the signature requirement of the signature req	ulred when reinstating)	DATE	DIRECTO	PRS IN 12 Addition
SIGNATURE 12. THE NAME STREET ADDRESS CATY-ST-74! THE NAME STREET ADDRESS CHY-ST-74P THE	OFFICERS A DST FIELDS, JOHN R. 737 ROCKFELLER ROAD LAKE FOREST IL PD FIELDS, M. EARL 100 BEACH ROAD	agent and title if approache. ND DIRECTORS	DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY	Agent signature requirements E IE EET ADDRESS - ST-ZIP EET ADDRESS (- ST-ZIP) EET ADDRESS (- ST-ZIP) EET ADDRESS	ulred when reinstating)	DATE	DIRECTO Change Change	PRS IN 12 Addition
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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 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.

SIGNATURE:

0394618