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

PROFIT CORPORATION ANNUAL REPORT 1997

THE REPORT OF THE PARTY OF THE

TITLE

NAME

STREET ADDRESS

CITY-\$1-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H12655

NEDRA M. FOSTER, P.A.

| Principal Plac | e of Business | Mailing Address | | T IRBURAL BERT SIRES HIRE BISAL BITAL BISAL | i Diğiş dibiş bibil bibil şibiş diğil ibbi |
|--|---|--|------------------------------------|---|---|
| 2121 ORIOLE D SARASOTA FL | | 2121 ORIOLE DR SARASOTA FL 34239-3730 | | | |
| A4 1. | | | | 3. Date Incorporated or Qualified 07/17/1984 | 3a. Date of Last Report 04/04/1996 |
| 2. Principal P 21 4//6 | Place of Byrness PSIBISCUS RD | 2a. Mailing Address (2) 26 4/16 1/16/ | scus Road | 4. FEI Number 59-2427979 | Applied For Not Applicable |
| Súlte Apt. 22 Vevi | #, 610. | Suile, Apl. #, etc. | FC. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat 23 ろ | 4293 | City & State 28 34293 | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 | | Yes 🔀 No |
| | 9. Name and Address of Current I | Registered Agent | | 10. Name and Address of New Ro | egistered Agent |
| FOSTER, NEDRA 2121 ORIOLE DR SARASOTA FL 34239 | | | 81 Name 82 Street Adde | ress (P.O. Box Number is Not Accepta | ble) |
| OAN | NOOTA 1 L 04200 | | 83 | | |
| | | | 84 City | | FL 85 Zip Code |
| 11. Pursuant office or ragent. I a | to the provisions of Sections 607.05.02, registered agent, or both, in the State of manifest with a decept the daily at the contract. | Vis at, Section 6117-01315, File | orida Statutes. | Passifit 4 | purpose of changing its registered pt the appointment as registered |
| | Signature, typod or printed name of registered agent of OFFICERS AND | | Hogistered Agent signature require | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS IN 12 |
| 12. | PST | DELETE | 1.1 TITLE | ADDITIONS/OFFANGES TO OFF | Change Addition |
| NAME | ENGTED NENDA M | | 1.2 NAME | | v — |
| STREET ADDRESS | 2121 ORIOLE 4/16+1615 | scusko | 1.3 STRFET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34230 VENIL | ce.FL 3453 | 1.4 CITY - ST - ZIP | | |
| TITLE | V | DELETE | 2 1 1/ILE | | Change Addition |
| NAME | FOSTER, NEDRA M. | | 2.2 NAME | | |
| STREET ADDRESS | -2121-ORIOLE - 4/1/6 //16/ | 5015 KD | 2.3 STREET ADDRESS | | |
| CITY-ST-ZiP | FOSTER, NEDRA M. -2121-ORIOLE - 44/6 1/16/ SARASOTA FL 34239 (/CN/ic. | 4,FL. 34293 | 2. 4 CITY - ST - ZIP | | |
| TITLE | | , DETEIE | | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | ٠, | | 3.3 STREET ADDRESS | | : |
| CITY-\$T-ZIP TITLE | | DELETE | 3.4, CHY-ST-ZIP 4.1 TITLE | | Change Addition |
| NAME | | LLL Dere (C | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| . CITY-ST-ZIP | | | 4.4 CITY-ST-7iP | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY. ST. ZIP | | | 5.4 City-St-ZiP | | |

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.

6.3 STREET ADDRESS

64 CITY-ST-7IP

61 TITLE

62 NAME

DELETE

Addition

Change