## 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 # H35711

(1)

EDNA BIGGS, P.A.

## **FILED** Jan 17 1997 8:00am Secretary of State

· · · · · · · · · · · · · · · · · · ·						<u> </u>	<u> </u>	I <b>Bibli 188</b> i	
Principal Place of Business Mailing Address							****** #4\$** #1\$** #1\$ <b>*** ****</b>		
APARTMENT 205 APAI			720 sandpebble trace Partment 205 Tuart Fl 34996-1415						
						3. Date Incorporated or Qualified 01/01/1985	3a. Date of Last 05/01/1996	Report	
2. Principal Place of Business 2s. Mailing Ad-			Address	dress		4. FEI Number	A	Applied For	
21		26				<b>59-2479781</b> Not Applicable			
Suite, Ap	t #, etc	Suite Ar	Suite Apt. #. etc.			5. Certificate of Status Desired		Additional	
22		27				O. Gormodo or States Basines	Fee F	Required	
City & Sta	ate	· · · · · ·	City & State			6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Z <sub>i</sub> p		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25 29 29 29 39. Name and Address of Current Registered Agent			0 Florida Statutes Yes No  10. Name and Address of New Registered Agent			····		
BIGGS, EDNA					Name	IV. Italia and Address of New He	Signatur Main		
	20 SANDPEBBLE TRACE							<b></b>	
APARTMENT 205				82	Street Ac	dress (P.O. Box Number is Not Acceptable)			
STUART FL 34996			83			•			
	ONIT 12 01000								
•				64	City		FL 85 Zip	Code	
office of agent 1 SIGNATURE	r registered agent, or both, in the S am familiar with, and accept the of	itate of Fiorida, Such of bligations of, Section	thange was au 607.0505, Flor	uthorized by ida Statute:	the corpo s.	orporation submits this statement for the p ration's board of directors. I hereby accep quired when reinstating)	ot the appointment a	s registered	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	AS IN 12	
TITLE	PD	Ţ	DELETE	1.1 TITLE			☐ Change	Addition	
NAMÉ	BIGGS, EDNA			1.2 NAME					
STREET ADDRESS				1.3 STREET ADDRESS					
City - St - ZiP	STUART FL			1 4 CITY - 5	T-ZIP				
TITLE		L	] DELETE	2.1 TITLE			☐ Change	Addition	
NAME				2 2 NAME					
STREET ADDRESS	S			2.3 STREET	ADDRESS				
CITY-ST-ZIP			<b>-</b>	2 4 CITY-	ST-ZIP				
TITLE		L	] DELETE	3 1 TITLE			Change	Addition	
NAME				3 2 NAME					
STREET ADDRESS	5			3.3 STREET					
CITY - ST - 7IP			T NEI CIC	3.4 CITY-	ST-ZIP			4 4 4 2 2	
TITLE		L	_ DELETE	4.1 TITLE			L. Change	Addition	
NAME				4 2 NAME					
STREET ADDRESS	S			4.3 STREET					
CHY-ST-ZIP	1			4.4 CITY - S	T-ZIP				

6.4 CITY-ST-ZIP 14. To be hereby certify that the information supplied with this feing 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 suppremental 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 13 if changed, or on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6 3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS CHTY-ST-ZIP

STREET ADDRESS

Edna Biggs NTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

561/692-3400 January 9, 1997

Daytime Phone #

Change

Change

Addition

... Addition