## 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 # H48463

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POWELL & STROM, P.A

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**FILED** 

May 13 1997 8:00am

Secretary of State

21 Suite, Apt. #, etc.  Suite,	plied For t Applicable dditional quired May Be o Fees 199 032,
2. Principal Piace of Business	Applicable additional quired May Be p Fees 199 032,
Solite, Apr. #, Bib.    Solite, Apr. #, Bib.	odditional quired May Be o Fees 199 032,
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City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   Country   Country   Zip   Country   Zip   Country   B. This corporation has itability for intangible tax under s. 1   Florida Statutes   Yes   No   No   Florida Statutes   Yes   No   No   No   No   No   No   No   N	9 Fees 199 032,
26 29 30 Florida Statules Yes No  9. Name and Address of Current Registered Agent  POWELL, RICHARD H.  92 EGLIN PARKWAY, N.E. FORT WALTON BEACH FL 32548  81 Name  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 reagent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statules.  SIGNATURE  Signature typed or printed name of registered agent and title. Largelicative (INCIE. Registered Agent signature requires when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TIRE DP  NAME POWELL, RICHARD H.  STREET ADDRESS  12. STREET ADDRESS  13. STREET ADDRESS  14. CITY- ST- ZIP  FORT WALTON BCH FL  14. CITY- ST- ZIP	
POWELL, RICHARD H.  92 EGLIN PARKWAY, N.E. FORT WALTON BEACH FL 32548  82 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Co  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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature typed or printed name at registered agient and title-1 applicable (NCHE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TIRE DP NAME POWELL, RICHARD H.  STREET ADDRESS CITY-ST-ZIP FORT WALTON BCH FL  14. CITY-ST-ZIP FORT WALTON BCH FL  14. CITY-ST-ZIP	
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12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.1 ITE   DP   DELETE   1.1 ITE   DP   DELETE   1.2 NAME   POWELL, RICHARD H.   1.3 STREET ADDRESS   321 BROOKS ST.   1.3 STREET ADDRESS   1.4 CHY-ST-ZIP   FORT WALTON BCH FL   1.4 CHY-ST-ZIP   1.4 CHY-ST-ZIP   TORTON CHANGES TO OFFICERS AND DIRECTORS   DELETE	registered egistered
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TITLE         DP         DELETE         1.1 TITLE         Change           NAME         POWELL, RICHARD H.         1.2 NAME           STREET ADDRESS         321 BROOKS ST.         1.3 STREET ADDRESS           CITY-ST-ZIP         FORT WALTON BCH FL         1.4 CITY-ST-ZIP	3 IN 12
STREET ADDRESS 321 BROOKS ST. 1.3 STREET ADDRESS TOTY-ST-ZIP FORT WALTON BCH FL 1.4 CHY-ST-ZIP	Addition
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64 (CITY-ST-ZIP 64 (CITY-ST-ZI	<u> </u>

I do nereby certify that the information supplied with this tiling does not quality 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 eath; 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 chapged, or on an attachment with an address.

OLOMATUDE.

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