## 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 # H50188

(2)

DANNHEISSER & WALLACE, P.A.

FILED
Jan 17 1997 8:00am
Secretary of State



Principal Pla	ace of Business TREET	Mailing Address 1819 MAIN STREET	819 MAIN STREET SUITE 302			T HERDOR BROK BRILL BONG RINGS ARKOR IN BROK DIDIN BROW BRIDL BIRN BURN BROW BROW BROWN			
SUITE 302 SARASOTA F		SUITE 302 SARASOTA FL 34236-5984							
US	L 37200	US			3. Date Incorporated or Qualified 3a. Date of Last R 03/28/1985 03/04/1996			Report	
	Place of Business	2a. Mailing Address				4. FEI Number	<u></u>	Δ.	Applied For
1		26						Not Applicable	
Suite, Ap	I #, €IC	Suite. Apt. #, etc. 27 City & State 28				5. Certificate of Status Desired See Required  6. Election Campaign Financing Trust Fund Contribution Added to Fees			
City & Sti	ale								
Zip	Country	Zip	Coun	try		8. This corporation has liability for in			s. 199.032,
4	25	29	30		<del></del> ,		Yes 🗌		
	9, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Rec	gistered Ag	ent	
	NNHEISSER, BERTRAM V., III		*	31   1	Vame				
	19 MAIN STREET			32 5	Street Addr	t Address (P.O. Box Number is Not Acceptable)			
	NITE 302			33					
SA	RASOTA FL 34236			~					
			Ē	34 (	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed namic of registered by	een and the if applicable (NOT) NO DIRECTORS	E. Registered	Agent s	signature requir	red when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND D	DIRECTO	RS IN 12
TITLE	PD	DELETE	1,1 TITL	E				Change	
NAME	WALLACE, JAIME L		1.2 NAM	ME.	ĺ				
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CITY - ST - 7IP	SARASOTA FL		14 0(1)	(-\$T-Z	ŽIP.				
TITLE	VD.	[] DEFELE	2 1 TITL	.E	}			Change	Addition
NAME	DANNHEISSER, B. V. III		2.2 NAN	ME					
STREET ADDRESS			2.3 STR						
CITY-ST-ZIP	SARASOTA FL	DELETE	2. 4 CIT		ZIP			Change	Additio
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NAME			4 2 NA				_		
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CiTY-ST-ZIP			4.4 CITY	<u> </u>	ZIP				
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NAME			5.2 NAN	Æ					
STREET ADDRESS	S		5.3 STR	EFT AD	ORESS				
CITY-ST-ZIP			5.4 CIT		ZIP			<del></del>	
TITLE		DELETE	6.1 TITU		ļ		L	_] Change	Additio
NAME			6.2 NAN						
STREET ADDRESS	s		6.3 STR		J				
C(TY - S1 - 7)P	i e		64 CITY	(-SI-2	71P (				

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 arrival 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-91

941-365-760C

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