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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNU	1997		Secreta DIVISION OF				INS	Secretary of State				
	MENT # ON Name DEVELOPMEN	H51964 tt, inc.		(5)				T LEGICAL ELEC ELIGI HAGIC HOND GANG GEO		11 111 111 111 111 111 111 111 111 111	## # ## 1 # 6 #	
Principal Plac	e of Business		Mailing	Address						<u> </u>	ARN INDI	
3881 S. MCCALL RD. ENGLEWOOD FL 34224 US			3881 S MCCALL ENGLEWOOD FL 34224-8658 US									
								3. Date incorporated or Qualified 04/04/1985		ite of Last Re)6/1996	∌port	
·····	Place of Business			ng Address				4. FEI Number	1	Ap	plied For	
Suite Apt	# ote		[26]	o, Apt. #, etc.	 			59-2520533		\$8.75 A	t Applicable	
22	m total		27	s, Apr. #, 6to.				5. Certificate of Status Desired		Fee Re		
City & Sta	te			& State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip	ļ,	Country	Zip		Cour	ntry		8. This corporation has liability for	ntangible	tax under s	199.032,	
24	[25]	Address of Current	29	A	30			Florida Statutes 10. Name and Address of New Re] Yes			
OAT	HOUT, LARRY	Address of Current	riegistered	Agent		81	Name	10. Name and Addissa of New Re	Bistelen 1	(Dant		
	BOX 3246				ļ	82		(D.O. Boy Nighter in Not Assessable	la\			
PT CHARLOTTE FL 33949						02	Street Addi	ress (P.O. Box Number is Not Acceptate	ne)			
					[83]	
					}	64	City			85 Zip C	Code	
44 Duramant	to the provisions	of Sections 607.0603	and 607 15	09 Elorida Statut	oc the at	2010	nemad corr	poration submits this statement for the r	FL	changing It	e registered	
office or	registered agent.	or both, in the State (of Florida. Su	ich change was :	os incac sulhorized	by	the corporat	poration submits this statement for the prioris board of directors. I hereby acception's	ot the app	ointment as	registered	
SIGNATURE	atti tatirindi yetiri, a	ind accept the obliga	1013 01, 000	(IO) (OO) (OO)	JING DIGI	1100						
	Signature typed or pri	uted name of registered agen				Ager	ni signatura requir	red when reinstaling)	DATE			
12.	DP	OFFICERS AND	DIRECTOR	S DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR:	S IN 12 Addition	
TITLE NAME	OATHOUT, L	ARRY		□ bacit	1.2 NA					L Criange		
STREET ADORESS	2362 RISKEN						ADDRESS					
CITY-ST-ZIP	PT CHARLOT				1.4 CIT		1					
TITLE	DST	***************************************		DELETE	2,1 Trī	LE				Change	Addition	
NAME	OATHOUT, G				22 NA	ME						
STREET ADDRESS	2362 RISKEN				2.3 51	AEET A	address				1	
CITY-SI-ZIP	PT CHARLOT	<u>IE FL</u>		DELETE	2. 4 CI		T-ZIP			☐ Change	Addition	
TITLE NAME	VP Oathout, G	I ENDA		□ prrrit	3 1 TIT 3.2 NA					— change	☐ Addition	
STREET ADDRESS	2382 RISKEN						ADDRESS				ľ	
CHTY-ST-ZIF	PORT CHARL				3 4. Cf		ŀ					
TITLE	T			DELETE	4.1 717	LE				Change	Addition	
NAME	Ĺ				4. 2 N	ME	į					
STREET ADDRESS					4.3 ST	REET	ADDRESS					
CITY-ST-ZIP TITLE	ļ			DELETE	4.4 CIT 5.1 TIT		1-ZIP			Change	Addition	
NAME				[Dittell	5.2 NA					C) change		
STREET ADDRESS					- 4		addréss					
CITY-ST-ZIP	1				5.4 CIT							
TITLE	1			DELETE	6.1 TII					Change	Addition	
NAME					6.2 NA	ME						
STREET ADDRESS	}				6.3 \$1	REET	ADDRESS					
CITY-ST-ZiF	1				6 4 CI	Y- \$1	r-ZIP					

14. I do hereby certify that the information supplied with this filling 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 be 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 appears.

FILED

May 01 1997 8:00am

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