## 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

	MENT # <b>H5580</b> 1 H CORP.	1 (5)					
Principal Piace of Business C/O RICHARD BOWERSOX 708 S DIXIE AVE FRUITLAND PARK FL 34731		Mailing Address C/O RICHARD BOWERSOX 708 S DIXIE AVE FRUITLAND PARK FL 34731-4000					
					3. Date Incorporated or Qualified 05/07/1985	3a. Date of Last R 05/14/1996	eport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		plied For
21		26			59-2546551		t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	See Re	
City & State	2	27   City & State			6. Election Campaign Financing	\$5.00	<u> </u>
23	-	28			Trust Fund Contribution	Added t	
Zφ	Country	Zip	Cou	intry	8. This corporation has liability for	intengible tax under s	199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Ro	egistered Agent	
BOWERSOX, RICHARD 708 S DIXIE AVE FRUITLAND PARK FL 34731				83 City	ress (P.O. Box Number is Not Accepta	FL 85 Zip	Code
SIGNATURI <b>(</b>	Signature typed or panied name of registered ag	por and tille if applicable	AUHU D (NOTE: Registere	d by the corporal lutes.  Out UX  d Agent signature requi		7/30/9/	
12.	OFFICERS AN	ND DIRECTORS  DELETE	13.	TIE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	Addition
THILE NAME	BOWERSOX, RICHARD	End Official	1.1 H			CT Cutalific	La vacation
STREET ADDRESS	3928 WOODPECKER DR.			TREET ADDRESS			
CHTY - ST - ZIP	FRUITLAND PARK FL			TY-ST-ZIP			
Titl:E		DELETE				Change	Addition
NAME			22 N	AME			
STREET ADDRESS			235	REET ADDRESS			
C(1Y+ST-ZIP				ITY-ST-ZIP			
TOLE		☐ DELETE	317	TLE		☐ Change	L. Addition
NAME			3.2 N	1			
STREET ADDRESS			1	TREET ADDRESS			
CiTY - ST - ZiP		DELETE		ITY-SI-ZIP		Change	Addition
TITLE		C) becri				Visinge Land	T Manifold
NAME STREET ADDRESS (			4.24	IREET ADDRESS			}
				TY-ST-ZIP			
CHY-ST-ZiP THILE		DELETE				Change	Addition
NAME		<u> </u>	52 N	1		<del></del>	
STREET ADORESS				TREET ADDRESS			İ
CHY- ST- ZIP			P	TY-ST-ZIP			
TITLE		DELETE				Change	Addition
NAMÉ			6.2 N	AME			
STREET ADDRESS			6.3 S	TREET ADDRESS			

6.4 CITY-ST-ZIP

14. It 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 12 if changed, or on an attachment with an address.

SIGNATURE:

**FILED** 

May 08 1997 8:00am

Secretary of State