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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OFISTATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H55832

(0)

## **FILED** Feb 04 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  MATTHEW M. SULLIVAN 604 EAST WINTHROP STREET AVON PARK FL 33825-2844  Mailing Address  Mailing Address									
						<ol> <li>Date Incorporated or Qualified 05/07/1985</li> </ol>		Date of Last /30/1996	Report
2. Principal Place	e of Business	2a. Mailing Address 26	V)			4. FEI Number 59-2547932		} <del>-</del>	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>*</b> • · · ·	75 Additional e Required	
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			D May Be I to Fees
Zip <b>24</b>	Country 25	Ζφ <b>29</b>	Countr 30	ry		This corporation has liability for Florida Statutes	Yes	le tax under	
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New F	Registered	d Agent	
	'AN, MATTHEW M.		81	1 N	ame				
604 EAST WINTHROP STREET AVON PARK FL						ress (P.O. Box Number is Not Accepta	able)		
			83	3					
			84	4 C	itv			<b>85</b> Zip	Code
					•		F	L   ¨ ˙   ˙	
				วง เทย		tion a board of directors. I holeby acc			
agerit Lam f SIGNATURE	familiar with, and accept the obliga- anative typed or punied name of registeric ago	ations of, Section 607.0505,	, FIORIDA STATUTE NOTE Registereo Aç	es.		coration submits this statement for the tion's board of directors. I hereby acc	DATE		
agent Lam f SIGNATURE Sign	familiar with, and accept the obliga	ations of, Section 607.0505,  of an other if applicable. ( D. OIRE,CTORS	, Florida Statute NOTE Registereo Aç	es. geni sig			DATE	ND DIRECTO	DRS IN 12
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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 13 if changed, or on an attachment with an address.

SIGNATURE: