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

Feb 10 1997 8:00am Secretary of State

FILED

Principal Place of Business 176 JOHNS PASS BROADWALK MADERA BEACH FL 33708-2625 (1) (1) Mailing Address **ROY CRACKNELL 12008 70TH AVENUE NORTH SEMINOLE FL 33772-5620				3. Date Incorporated or Qualified 3a. Date of Last Report		
6 Oringinal C	Place of Business	2a, Mailing Address		· · · · · · · · · · · · · · · · · · ·	01/15/1986 4. FEI Number	07/18/1996
21	riace of Susiness	28. Mailing Adoress	Maning Adoress		59-2638766	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	le .	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip		Count	ry	8. This corporation has liability for in	
24	25 29		30			
	9. Name and Address of Curren	it Registered Agent		.1	10. Name and Address of New Reg	lstered Agent
CRA	CKNELL, ROY		8	1. Name		
	8 70TH AVENUE NORTH NOLE FL 33772		8	2 Street Add	tress (P.O. Box Number is Not Acceptab	le)
SEM	INULE FL 33//2		8	3		
			84 City			FL 85 Zip Code
office or I	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliging	of Florida, Such change was :	authorized &	by the corpora	poration submits this statement for the pi ation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ago	int and litle if applicable (NOT		gent signature requ	ired when reinstating)	DAYE
12.	OFFICERS ANI	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	CRACKNELL, ROY		1 1 TITLE			☐ Change ☐ Addition 3
NAME STREET ADDRESS	12008 70TH AVENUE NORTH		1.2 NAME			
CITY-ST-ZIP	SEMINOLE FL 33772		1.3 STREET ADDRESS 1.4 City - ST - ZIP			
TITLE	V	DELETE 2.1				Change Addition
NAME			2.2 NAM			
STREET ADDRESS			2 3 STRE	E1 ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772			- S1 - ZIP		
TITLE		DELETE 3.1 H				Change Addition
NAME			3.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	T posts		3.4. CITY 4.1 TITLE			Change Addition
NAME			4. 2 NAM	1		
STREET ADDRESS				ET ADDRESS		A .
CITY-ST-ZIP			44 CITY	Í		
TITLE		DELETE	5 1 TITLE			Change Additi
NAME	· ·		5.2 NAME			
STREET ADDRESS	· †			ET ADDRESS		
CITY-ST-ZIP			5.4 CITY -			☐ Change ☐ Additio
TITLE NAME		☐ VELLE	6 1 TITLE 6 2 NAME	\		C Pulgride C Monitro
STREET ADDRESS				ET ADORESS		
CITY-ST-ZIP			6.4 CITY	Į		
	<u> </u>		V.7 (H)	<u> </u>		

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 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. (813)