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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Secretary of State				
DOCU!	MENT # J(NESTMENTS, IN		ECHOBEE	(3)			 	Sigil Oldin Bibil	. 	((6 1): { 88 1
Principal Place of Business 2201 SOUTHWEST 28TH STREET VILLA 40 OKEECHOBEE FL 34974			Mailing Address 2201 SOUTHWEST 28TH STREET VILLA 40 OKEECHOBEE FL 34974-5703				3. Date Incorporated or Qualified 02/24/1986 04/25/1996			
2. Principal P	lace of Business		2a. Mailing	Address			02/24/1986 4. FEI Number	<u> U4/20/</u>		plied For
21			26				59-2672051			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		8.75 A Fee Re	
City & State	0	1000	City & S	State	······································		Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	May Be
Zip	Coun	try	Zip		Country	/	8. This corporation has liability for	intangible tax	under s.	
24	9. Name and Addi	ress of Current	29 Bagistared Ac	ent	30		Florida Statutes 10. Name and Address of New Re	Yes 1		u
2201 VILL OKE	ECHOBEE FL 3347	2			81 62 83 84	City	dress (P.O. Box Number is Not Accepta	FL	35 Zip (
office or r agent. La SIGNATURE	egistered agent, or bo m familiar with, and ac						poration submits this statement for the tition's board of directors. I hereby acce	pt the appoin	ment as	registered
12.		OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFI		RECTOR	S IN 12
NAME STREET ADURESS	PSD COKER, JACKSOI 2201 SW 28TH ST	r villa 40		DELETE	1	I ADORESS			Change	Addition
CITY-SI-ZIP TITLE	OKEECHOBEE FL VTD			DELETE	1.4 CITY - 1 2.1 TITLE	ST-ZIP			Change	Addition
NAME STREET ADDRESS CITY - ST- ZIP	BELL, ROBERT L. 2201 SW 28TH ST OKEECHOBEE FL		'		2.2 NAME	F ADDRESS		,	y nange	
TITLE			***************************************	DELETE	3.1 TITLE	31-21			Change	Addition
NAME .					3.2 NAME	:				
STREET ADDRESS						T ADDRESS				
CHY-ST-Z# TITLE				DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP			Change	Addition
NAME			'		4 2 NAME	.			oge	1100111011
STREET ADDRESS					4.3 STREE	T ADDRESS				
CRY+S1_7IP					4.4 CITY-	ST-ZIP	·			
TITLE				DELETE	5.1 TITLE			L	Change	Addition
NAME STREET ADDRESS					5.2 NAME 5.3 STREE	T ADDRESS				
CITY - ST - ZIP					5.4 CITY -:	ſ				
TITLE				DELETE	6.1 TITLE		······································	<u> </u>	Change	Addition
NAME					6.2 NAME					
STREET ADDRESS						ADDRESS				
14. I do heret	l	mation supplied	with this filing o	does not qua	6.4 City-		od in Section 119.07(3)(i), Florida Statuti	es. I further ce	rtify that	the
informatio 1 am an o	on indicated on this ani	nual report or su corporation or t	pplemental ani ne receiver or t	nual report is rustee empo	true and acc wered to exe	urate and tha	at my signature shall have the same leg ort as required by Chapter 607, Florida	al effect as if	made und	der oath; that

SIGNATURE:

SIONAIUM REQUI

FILED

Apr 09 1997 8:00am