## 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

DOCUMENT # J05322

(9)

Principal Place of Business Mailing Address  8462 S TAMIAMI TRAIL PO BOX 2700 P.O. BOX 2700 P.O. BOX 2700 SARASOTA FL 34238  SARASOTA FL 34230-2700						
ÜS		U\$		<ol> <li>Date Incorporated or Qualified 03/21/1986</li> </ol>	3a. Date of Last Report 03/14/1996	
	Principal Place of Business 2a. Mailing Address				4. FEI Number 59-2367183	Applied For
Suite, Apt. #, etc		26    Suite, Apt. #, etc.			Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	City & State City & State				6. Election Campaign Financing	\$5.00 May Be
<b>23</b> ] Zip	Country	28 Z(p	Coun	trv	Trust Fund Contribution  8. This corporation has liability for	Added to Fees
24	25	29	30	•		Yes No
	9. Name and Address of Curr				10. Name and Address of New Re	gistered Agent
WEIN	iberg, Alexander		3	1 Name		
8462 S TAMIAMI TRAIL				Street Add	tress (P.O. Box Number is Not Acceptal	ole)
SARASOTA FL 34238				13		
			[			
			[8	City		FL 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 egistered agent, or both in the Starn familiar with, and accept the obli- Signature, typed or persea name of registered.				poration submits this statement for the sation's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
12.		IND DIRECTORS	13.	Agent signature requ	ilred when reinstating)  ADDITIONS/CHANGES TO OFFICE	
TIELE	DP DELETE WEINBERG, ALEXANDER		1.1 7ITL	ę –	,	Change Addition
NAME			1.2 NAA	AE )		'
STREET ADDRESS	1 '			EE1 ADDRESS		
CHY-ST-ZIF	SARASOTA FL			(-ST-ZIP		
TITLE	☐ DELETE		2.1 TITL	ì		Change Addition
NAME			2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS : City-St-Zip*				Y-ST-ZIP	•.	
TITLE		DELETE	3.1 TITL		, Title	Change Addition
NAME			3,2 NAA	AE		
STEET! ADDRESS			3.3 STR	EET ADDRESS		
City - ST - ZIP		Theres		Y-ST-ZIP		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
TITLE		☐ DELETE	4.1 TiTL			Change Addition
NAME STREET ADDRESS			4, 2 NAI	VIE EET ADDRESS		
CITY-ST-7IP				r-ST-ZIP		
TILE	DELETE		51 TITL			Change Addition
NAME			5.2 NAA	AE		
STREET ADORESS			5.3 STR	EET ADDRESS		
CITY - ST - ZIP				r-st-zip		· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	B.1 TITL	i i		Change Addition
NAME			6.2 NAA	.		
STREET ADDRESS				EET ADDRESS		

14. Ldo 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.

SIGNATURE: ALEXANDER WEINAERE MANAGER NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 27 1997 8:00am

Secretary of State