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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 28 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

1. Corporation	MENT # J0967 Y BELIEVING IN CHILDRI	` '			1 A 1 A 2 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
Principal Place of Business 1420 LOUISANA AVE. ST CLOUD FL 34769		Mailing Address 1420 LOUISANA AVE. ST CLOUD FL 34788-4170		T HOULING BLIK GOLLG 18440 OLUH LADODY 1594 BLIBH OLDVI OLDVI BIOLE OLDVI DLDVI LODY	
				3. Date Incorporated or Qualified 04/14/1986	3a. Date of Last Report 04/25/1996
<del>-</del> 1	lace of Business	2a. Mailing Address		4. FEI Number 59-2686551	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country		Country	Trust Fund Contribution	Added to Fees
24]	25		30	8. This corporation has liability for i	ntangible tax under s 199.032,  Yes X No
	9. Name and Address of Curi			10. Name and Address of New Re	gistered Agent
ST (	CLOUISIANA AVE.	1600 and 607 1609 Eloudo Coduto	83 84 City	ress (P.O. Box Number is Not Acceptab	FL 85 Zip Code
office or r agent I a SIGNATURE	NIA		Registered Agent signature requ		DATE
12.	OFFICERS A	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
TILLE	MULLER, JANET M	[] DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	1420 LOUISIANA AVE.		1.2 NAME 1.3 STREET ADDRESS		
CITY-SI-7P	ST.CLOUD FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	21 TITLE		Change Addition
NAME	MILLER, HARLAN D.		22 NAME		
STREET ADDRESS	1420 LOUISIANA AVE.		2.3 STREET ADDRESS		į
CHY - \$1 - 7/P	ST.CLOUD FL ST	T DELETE	2. 4 CITY - ST - ZIP		Change Addition
THTLE NAME	MILLER, LOUISA F.	Detere	31 TITLE 32 NAME		FT cutolike FT vontibus
STREET ADDRESS	1420 LOUISIANA AVE.		3.3 STREET ADDRESS		
CITY ST-ZF	ST.CLOUD FL		3.4 CITY-ST-ZIP		
TILLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET AUCHESS			4.3 STREET ADDRESS		
CITY - ST-ZIP		Florier	4.4 CITY - ST - ZIP		[] No [] 1 (425) a
THILE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME PROFES ADDRESS CO.			5.2 NAME		1111 11/1/97
STREET ADDRESS CITY+ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		41170911
THU		☐ DELETE	6.1 TITLE	10000215	hange Addition
NAMŁ			6.2 NAME	10000215 -04/30/97010:	15024
STREET ADORESS			63 STREET ADDRESS	***173 75	A nur Suffun II

14. 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 eath; 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 chapted, a of an appearance with an address