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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name J21561

(2)

Principal Place of Business Mailing Address 2035 CATHERINE LN 1598-A CLAUDE ROAD Address 2035 CATHERINE LN 1598-A CLAUDE ROAD						
MIDDLEBURG FL 32068 US		MIDDLEBURG FL 32068-35 US	MIDDLEBURG FL 32069-3502 US			3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1986 05/21/1996
	ace of Business	2a. Mailing Address				4. FEI Number Applied For
Suite, Apl. i	# clc	Suite Apt # etc	Suite, Apt. #, etc.			59-2734463 Not Applicable \$8.75 Additional
22	, co.	hn	27			5. Certificate of Status Desired Fee Required
City & State	3	City & State	j			6. Election Campaign Financing \$5.00 May Be
23 Zip	Country Zip Co			intry		Trust Fund Contribution
24	25	29	30			Florida Statutes Yes No
	9. Name and Address of Cur					10. Name and Address of New Registered Agent
BUR	KHART, WILLIAM D.			81	Name	
2035	5 CAHTERINE LN.		82 Street Ac		Street Addre	ess (P.O. Box Number is Not Acceptable)
MIDE	DLEBURG FL 32068			83		
				83		
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
aidismiune ,	Signal no Typed or profed name of registered		: Registere	d Ager	nt signature require	ed when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1,1 11			Change Addition
NAME Proces universes	BURKHART, WILLIAM D. 2035 CATHERINE LN.			1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS City - St - ZIP	MIDDLEBURG FL					
TITLE	DELETE		1.4 CITY+ST-ZIP 2.1 TITLE		1-21	Change Addition
NAME			2.2 NAME			
STREET ADDRESS	23		2.3 \$	TREET	ADDRESS	
CITY - S1 - ZIP			2.40	CITY-5	T-ZIP	
TITLE	DELETE 3.1		3.1 Ti	TLE		Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			1		ADDRESS	
CITY - ST - ZIP		I Drufft	_	CITY-S	IT-ZIP	Change Addition
TITLE		[_] DELETE	4.1 1			
NAME PLOCEL ADODECC				NAME TDEET	1000000	
STREET ADORESS CITY-ST-ZIP				IREE I	ADDRESS	
DILE			51TI		1-2ir	Change Addition
NAME			52 N		ŀ	 •
STREET ADDRESS					ADDRESS	
CHY-SI-ZiP			54 C	11Y-S1	T-ZiP	
TITLE				ITLE		Change Addition
NAME			(25	ΞĒ	Ì	
STREET ADDRESS			635	TH EET	ADDRESS	
CHY-ST-ZiP	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ITY-SI		
informatio Lam an o	n indicated on this annual report flicer or director of the corporatio	or supplemental annual report is t	rue and rered to	accu	rate and that	I in Section 119.07(3)(i), Florida Statutes. I further certify that the my signature shall have the same legal effect as if made under oath; that it as required by Chapter 607, Florida Statutes; and that my name