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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

ul 02 1997 8:00am
Secretary of State

FILED

Principal Place of Business Mailing Address PORT LEON DRIVE P.O.BOX 188 Mailing Address PORT LEON DRIVE P.O.BOX 188										
ST.MARKS FL	32355	ST.MARKS FL 32355-0188								
					3.	. Date Incorporat	led or Qualified	l l	ale of Last F	Report
9 Principal P	Jace of Business	2a. Mailing Address				06/27/1986 FELNumber		U8/	/08/ <u>1996</u>	pplied For
21	aco or business	26				59-269083	r.			ot Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							Additional
22		27			5.	. Certificate of St	alus Desired		Fee R	equired
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23		28	7			Trust Fund Con				to Fees
Zip 24	Country	Zip	Country	/	8.	 This corporation Florida Statutes 		, –	tax under s No	. 199.032,
:4	25] 9. Name and Address of Curre	29 ent Registered Agent	30			. Name and Add				
201			81	Name						
	ldenetz, dewey f. Port León dr.									
	MARKS FL 32355		82	Street	Address ()	P.O. Box Number	is Not Accepta	ibiej		
01.	MAINO I E GEGGG		83	1						
			84	City	····				105 7	Codo
			64	City				FL	85 Zip	Code
orrice or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change wa ligations of, Section 607,0505.	is authorized by Florida Statute	y the cor s.	poration's l	board of director	s. I hereby acce	ept the app	ontment as	registerea
SIGNATURE	Signature, typod or pointed name of registered a		OTC Registered Age		o required when	n reinstating)		DATE		
SIGNATURE	Signature, typod or printed name of registered a OFFICERS A	agent and tile if applicable [N ND DIRECTORS	IOTE Registered Age		6 required wher			DATE	DIRECTO	RS IN 12
SIGNATURE 12.	Signature, typod or profind name of registered a OFFICERS A	agent and title if applicable [N	IOTE Registered Age 13.		e required wher	n reinstating) ADDITIONS/CHA	NGES TO OFF	DATE ICERS AND		RS IN 12
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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 changed, or on an attachment with an affiress.

GNATURE:

GRAP-97

**SECTIFY THAT THE INTERIOR STATUTE INTERIOR STATUTE