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 # J29137

H

<i>I</i> U	Iau	on reaming			
&	S	DESIGN,	INC.		

(3)

FILED Apr 08 1997 8:00am Secretary of State



						31171 MARI BIBI	JERUS BERGER SERVE	PI
Principal Place		Mailing Address			t iffferie file jinif in.a. tibne	17111 1981 81811	. 2121. 81611 61611 61	#11 4151 1 1441
2305 BLIND PO LUTZ FL 3354		2305 BLIND POND A LUTZ FL 33549-7507						
					3. Date Incorporated or Qua 08/18/1986	alified 3	Date of Last	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
1		26			59-2709641			Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc).		5. Certificate of Status Desir	red C		Additional Required
City & State		City & State	····		6. Election Campaign Financ Trust Fund Contribution	cing		O May Be d to Fees
Ziρ	Country	Zφ	Cour	ntry	8. This corporation has liabi			s. 199.032,
<u> </u>	25	29	30		Florida Statutes	X Ye		,
	9. Name and Address of Co	urrent Registered Agent		··	10. Name and Address of N	lew Regist	ered Agent	
GO	ldhagen, Robert		l	81 Name				
	i Madison St., Suite 1002 Mpa Fl. 33602			82 Street Add	dress (P.O. Box Number is Not Ac	ceptable)		
114	W 7 1 5 0000			83	······································			
				84 City	:	····	FL 85 Zi	p Code
I Dura yani	to the are delegant of Postings CO	7 0500 and 607 1500 Florida 5	Statutos, the st	avo semed ser	rporation submits this statement fo ation's board of directors. I hereby	or the pure	The land	ite registere
	ari ramilia with, and accept the i	oungations of section our back	JS, FIOTIDA SIAL	1 (to 9 ·				
SIGNATURE	Signature, typical or product came of register				uired when reinstating) ADDITIONS/CHANGES TO	D	ATE	
SIGNATURE	Strp ators, typed or predest came of register OFFICER:	red agent and title if applicable.	(NOTE: Registered	Per stulengia InegA	uired when reinstating)	D	ATE	ORS IN 12
SIGNATURE 12.	Stp. ators, typed or predest came of register OFFICER: PD CHATFIELD, RICK	red agent and title 4 applicable. S AND DIRECTORS	(NOTE: Registered	Agent signature requ	uired when reinstating)	D	ATE AND DIRECTO	ORS IN 12
SIGNATURE I 2. UTLE NAME	Stgi ators, typed or product came of register OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE	red agent and title 4 applicable. S AND DIRECTORS	(NOTE: Registered 13. E 1.1 TIT 1.2 NA	Agent signature requ	uired when reinstating)	D	ATE AND DIRECTO	ORS IN 12
SIGNATURE 12. IITLE VAME STREET ADDRESS	Stgi alore, typed or product came of register OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL	red agunt and title of applicable. S AND DIRECTORS DELET	(NOTE: Registered 13. IE 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT	Agent signature requires	uired when reinstating)	D	ATE AND DIRECTO Chang	ORS IN 12 e ☐ Additio
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP	Structure, typed or product came of register OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS	red agent and title 4 applicable. S AND DIRECTORS	(NOTE: Registered 13. IE 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT	Agent signature required to the signature requirement of the signature req	uired when reinstating)	D	ATE AND DIRECTO	ORS IN 12 e ☐ Additio
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Stricture, typed or product came of register OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA	red agunt and title of applicable. S AND DIRECTORS DELET	(NOYE Registered 13. E 1.1 TiT 1.2 NA 1.3 ST 1.4 CI	Agent signature required to the signature requirement of the signature req	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang	ORS IN 12 e ☐ Additio
SIGNATURE 12. UITLE NAME SITHEFT ADDRESS CITY - ST - ZIP TITLE NAME	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agunt and title of applicable. S AND DIRECTORS DELET	(NOYE Registered 13. E 1.1 Til 1.2 NA 1.3 ST 1.4 Cil E 2.1 Til 2.2 NA	Agent signature required to the signature requirement of the signature req	uired when reinstating)	D	ATE AND DIRECTO Chang	ORS IN 12 e ☐ Additio
SIGNATURE 12. UITLE VAME STREET ADDRESS STY-SI-ZIP THUE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Stricture, typed or product came of register OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA	red agent and title of applicable. S AND DIRECTORS	(NOTE Registered 13. IE 1.1 TII 1.2 NA 1.3 ST 1.4 CII IE 2.1 TII 2.2 NA 2.3 ST 2.4 GI	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang Chang	DRS IN 12 e ☐ Addition
SIGNATURE 12. UITLE VAME STREET ADDRESS STY-SI-ZIP THUE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agunt and title of applicable. S AND DIRECTORS DELET	(NOTE Registered 13.) IE 1.1 TIT 12.NA 1.9 ST 1.4 CIT 12. NA 2.3 ST 2.4 CIT 15. ST 1.4 CIT 15. ST 15	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang	DRS IN 12 e ☐ Addition
SIGNATURE 12. IIILE NAME SIHEET ADDRESS CITY-SI-ZIP THLE NAME SIREET ADDRESS CITY-SI-ZIP IIILE	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agent and title of applicable. S AND DIRECTORS	(NOTE Registered 13. IE 1.1 TII 1.2 NA 1.3 ST 1.4 CII IE 2.1 TII 2.2 NA 2.3 ST 2.4 GI	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang Chang	DRS IN 12 e ☐ Addition
SIGNATURE 2. ITHE VAME STHEET ADDRESS CITY-ST-ZIP THEE VAME STREET ADDRESS CITY-ST-ZIP THE VAME VAME	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agent and title of applicable. S AND DIRECTORS	(NOTE Registered 13. E 1.1 TIT 1.2 NA 1.3 ST 1.4 CI E 2.1 TIT 2.2 NA 2.3 ST 2.4 CI E 3.1 TIT 3.2 NA	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang Chang	DRS IN 12 e ☐ Addition
SIGNATURE 2. ITHE VAME STREET ADDRESS CITY-ST-ZIP THE VAME STREET ADDRESS CITY-ST-ZIP THE VAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agent and title 4 applicable. S AND DIRECTORS DELET	(NOTE Registered 13. E 1.1 TIT 1.2 NA 1.3 ST 1.4 CI E 2.1 TIT 2.2 NA 2.3 ST 2.4 CI E 3.1 TIT 3.2 NA 3.3 ST 3.4 CI	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang Chang	DRS IN 12 e
SIGNATURE 12. IIILE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE TOTAL TOT	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agent and title of applicable. S AND DIRECTORS	(NOTE Registered 13. E 1.1 TIT 1.2 NA 1.3 ST 1.4 CI E 2.1 TIT 2.2 NA 2.3 ST 2.4 CI E 3.1 TIT 3.2 NA 3.3 ST 3.4 CI	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang Chang	DRS IN 12 e
SIGNATURE 12. IIILE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME NAME NAME	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agent and title 4 applicable. S AND DIRECTORS DELET	(NOTE Registered 13. 14. 11 TIT 12 NA 1.3 ST 1.4 CIT 22 NA 2.3 ST 2.4 CIT 32 NA 3.3 ST 34. CF 4.1 TIT 4.2 NA	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang Chang	DRS IN 12 e
SIGNATURE 2. OTHE VAME STREET ADDRESS CITY-ST-ZIP OTHE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agent and title 4 applicable. S AND DIRECTORS DELET	(NOTE Registered 13. 14. 11 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CIT 3.2 NA 3.3 ST 3.4 CH 4.1 TIT 4.2 NA 4.3 ST	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang Chang	ORS IN 12 B Addition Addition
CIGNATURE 2. ITHE VAME STREET ADDRESS CITY-ST-ZIP ITHE	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agent and title of applicable. S AND DIRECTORS DELETI DELETI DELETI DELETI	(NOTE Registered 13. E 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CIT 3.2 NA 3.3 ST 3.4 CIT 4.2 NA 4.3 ST 4.4 CIT 4.2 NA 4.3 ST	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang Chang Chang	DRS IN 12 e
CITY ST-ZIP UNITE UNI	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agent and title 4 applicable. S AND DIRECTORS DELET	(NOYE Registered 13. 14. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 GI E 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.2 NA 4.3 ST 4.4 CIT E 5.1 TIT	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang Chang	DRS IN 12 e
SIGNATURE 2. OTHE VAME STREET ADDRESS CITY-ST-ZIP OTHE VAME VAME VAME VAME	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agent and title of applicable. S AND DIRECTORS DELETI DELETI DELETI DELETI	(NOYE Registered 13. 14. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 GI E 3.1 TIT 3.2 NA 3.3 ST 4.1 CIT 4.2 NA 4.3 ST 4.4 CIT 5.2 NA	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang Chang Chang	DRS IN 12 e
SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agent and title of applicable. S AND DIRECTORS DELETI DELETI DELETI DELETI	(NOYE: Registered 13. E 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2.4 CI E 3.1 Til 4.2 NA 3.3 ST 4.4 CII E 5.1 Til 5.2 NA 5.3 ST	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang Chang Chang	DRS IN 12 e
SIGNATURE 12. ITTLE VAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agent and title of applicable. S AND DIRECTORS DELET DELET DELET DELET	(NOYE Registered 13. 14. 11 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CIT 3.2 NA 3.3 ST 4.4 CIT 5.2 NA 5.3 ST 5.4 CIT 5.2 NA 5.3 ST 5.4 CIT 5.2 NA 5.3 ST	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang Chang Chang Chang	DRS IN 12 e
SIGNATURE 12. IIITE NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS CITY-SI-ZIP TITLE	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agent and title of applicable. S AND DIRECTORS DELETI DELETI DELETI DELETI	(NOYE: Registered 13. E 1.1 Till 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2.4 CI E 3.1 Till 3.2 NA 3.3 ST 3.4 CI 4.1 Till 4.2 NA 4.3 ST 4.4 CII 5.2 NA 5.3 ST 5.4 CI E 6.1 Till	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang Chang Chang	DRS IN 12 e
SIGNATURE 12. IIILE NAME SCHEET ADDRESS CITY-SI-ZIP TITLE NAME SCHEET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agent and title of applicable. S AND DIRECTORS DELET DELET DELET DELET	(NOYE: Registered 13. E 1.1 TIT 12 NA 1.3 ST 1.4 CIT 22 NA 2.3 ST 2.4 CI E 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CIT 5.2 NA 5.3 ST 5.4 CI E 6.1 TIT 6.2 NA	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang Chang Chang Chang	DRS IN 12 e
SIGNATURE 12. ITTLE VAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS PD CHATFIELD, RICK 2305 BLIND POND AVE LUTZ FL TS CHATFIELD, DEBRA 2305 BLIND POND AVE	red agent and title of applicable. S AND DIRECTORS DELET DELET DELET DELET	(NOYE Registered 13. E 1.1 III 12 NA 1.3 ST 1.4 CI 12 2.1 III 22 NA 2.3 ST 2.4 CI 16 3.1 III 3.2 NA 3.3 ST 3.4 CI 16 4.1 TI 4.2 NA 4.3 ST 4.4 CI 17 S	Agent signature required to the signature re	uired when reinstating)	DOFFICERS	ATE AND DIRECTO Chang Chang Chang Chang	DRS IN 12 e

I do nureby ceruly 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 charged, or on an attachment with an address.