## 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

/4 N

	Ε.	Mailing Address 743 GANTT AVE. SARASOTA FL 34232-670	3		
					Date of Last Report 01/30/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2731047	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip <b>24</b>	Country 25	Zip 29	Country 30	8. This corporation has liability for intan	
24]	9, Name and Address of Curre			10. Name and Address of New Registe	
PAG	E, RICHARD J.		81 Name		
743 GANTY AVE.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SAR	ASOTA FL 34232			Test () .5. Box (validos) la Not Nocopiable)	
			83		
			84 City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 05	12 and 607 1508. Florida Stati	ites, the above-named cor	poration submits this statement for the purpo	ose of changing its registered
office or ( agent. La	egisterea aggrit, or both on the States to the States and aggrept in the States and aggree i	of Florida. Such change was gations of, Section 607.0505, F	authorized by the corpora lorida Statutes.	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature typed or profest rapid of registre Lac	ot and toe if applicable (NC	TE Registereo Agent signature requ	red when reinstaling)	ATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PVD	DELETE	1.1 TITLE	****	Change Addition
NAME	PAGE, RICHARD J.		1.2 NAME		
\$TREET ADDRESS	743 GANTT AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CH Y+ST-ZIP		
TITLE		DELETE	2.1 THLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CHY-ST-ZIP 3.1 TITLE		Change Addition
NAME		L. Occele	3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CHY-ST-ZIP			3.4 CHY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - S1 - ZIP			4.4 CHY-ST-ZIP		
TITLE		☐ DETE1E	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEFT ADDRESS		
City - St - ZiP		I DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	6 1 TITLE		LI CHARGE LI MOURION
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
1.119 - 51 - 712					

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 oath; that I am an officer or director of the comporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address. **SIGNATURE:** 

**FILED** 

Jan 14 1997 8:00am

Secretary of State