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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



Sandra B. Mortham

| $\mathbf{F}_{\mathbf{J}}$ | LED |
|---------------------------|-------------|
| Apr 21 1 | 997 8:00am |
| Secreta | ry of State |

Change

Addition

| FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 | | | | | | FILED | | | | |
|---|---|---------------------------------|--|--|---------------|--|--------------------------------|--|----------------------|--|
| COR ANNU | PROFIT PORATION JAL REPORT 1997 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State DIVISION OF CORPORATIONS | | | Apr 21 1997 8:00a Secretary of State | | | | |
| | PARK DR | Ma 2090 | (4) WEAVER PARK DR ARWATER FL 34625-2 | 130 | | | | | | |
| US | | U\$ | | | 8 | 3. Date Incorporated or Qualified 10/27/1986 | | ate of Last Re 31/1996 | port | |
| 2. Principal Pi 21 | ace of Business | 2a. 26 | Mailing Address | | 4 | i. FEI Number 59-2745927 | · | | lied For Applicab | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | 8 | . Certificate of Status Desirod | ₩ | \$8.75 A | dditional | |
| City & State |) | | City & State | | • | Election Campaign Financing Trust Fund Contribution | | \$5.00 N | vlay Be | |
| Zip | Country 25 | | Zip | Country 30 | € | 3. This corporation has liability for | | tax under s. | | |
| | g, Name and Address of Currer | it Regist | ered Agent | 81 Name | 10 |). Name and Address of New Re | gistered | Agent | | |
| 11. Pursuant to office or reagent. I ar SIGNATURE | to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig | 2 and 60 of Floridations of, | 7.1508, Florida Statu a. Such change was Section 607.0505, Fl | 84 City tes, the above-named authorized by the corporida Statules. | corporation's | ion submits this statement for the poard of directors. I hereby acce | FL ourpose of pt the app | 85 Zip C f changing its pointment as re | registere | |
| OIGHATOTIC . | Signature, typed or printed name of registered age | | | If Flegistered Agent signature | required wh | | DATE | | | |
| 12. | OFFICERS AN | D DIREC | | 13, | , <u> </u> | ADDITIONS/CHANGES TO OFFIC | CERS AND | | | |
| TITLE NAME | VEITCH, JOHN A., III | | DELETE | 1.1 TITLE 1.2 NAME | | | . # | Change | Additi | |
| STREET ADDRESS | 11321 N MT VERNON DR | | | | 385 | O GAIT OCEAND | -/ - | 22.0 | | |
| CITY-ST-ZIP TITLE | PLANTATION FL TS | | DELETE | 1.4 C/TY - ST - Z/P 2.1 TITLE | rej. | LAUdeedAle, 1 | 1, 3 | | Addit | |
| NAME Street address | MALONEY, JAMES A. 2340 ROBERTS BLVD ORLANDO FL | | | 2.2 NAME 2.3 STREFT ADDRESS | | e. | | | <u></u> | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | P MALONEY, R. THOMAS JR. 2385 WINDGAP PL CLEARWATER FL | | ☐ DELETE | 2. 4 CHY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | | | | Change | Addil | |
| CITY-ST-ZIP | VENIMALITE | | DELETE | 3.4. CHY+ST-ZIP 4.1 TITLE | | | | Change | Addit | |
| NAME STREET ADDRESS CITY-SY-ZIP | VEITCH, JAMES A. 1925 MADISON AVE #20 HOLLYWOOD FL | | | 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | 712 PLA | . Holly LANCE NTATION, Fl. 3 | 33374 | • | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | Comment of American Section 1997 | | Change | Addi | |

6.1 TITLE

6.2 NAME

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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Blook 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS 64 CITY-ST-ZIP

DELETE