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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	IUAL REPORT 1997	Secretary DIVISION OF CO		Seci	etary	of St	tate
	JMENT # J43726 VIEW OF LAND O'LAKES, IN						
Principal Place of Business 21621 VILLAGE LAKES SHOPPING CNTR LAND O' LAKES FL 34639		Mailing Address 8701 TANTALLON CR. TAMPA FL 33647-2238					
US				3. Date incorporated or 0 11/18/1986		Date of Last R	eport
2. Principal 21	Prace of Business	2a. Mailing Address 26		4. FEI Number 59-2739960		Ar	plied For at Applicable
Suite, Ap	ol #, etc.	Suite, Apt. #, etc.		5. Certificate of Status De	estred	\$8.75 / Fee Re	
City & St	ato	City & State		6. Election Campaign Fir	nancing	\$5.00	`
23		28		Trust Fund Contribution	n 🗆	Added	to Fees
Zip 24	Country 25	Zip 3	Country	8. This corporation has li Florida Statutes		e tax under s	199.032,
[27]	9. Name and Address of Currer			10. Name and Address o			
	ROY, PAUL R.		81 Name				
8701 TANTALLON CR. TAMPA FL 33847			82 Street Add	dress (P.O. Box Number is Not	Acceptable)		
174	min i L 55071		63				
			84 City			85 Zip	Code
					P-1		
11. Pursuar	at to the provisions of Sections 607 050	02 and 607 1508. Florida Statutes	'	rnoration submits this statemer	F1	_ ' '	
11. Pursuar office or	nt to the provisions of Sections 607.050 registered agent, or both, in the State can Jabiliar with and accompance oblin	02 and 607.1508, Florida Statutes e of Florida Such change was au rations of Section 607.0505. Flor	'	rporation submits this statemer ation's board of directors. I her	nt for the purpose eby accept the ap	_ ' '	
11. Pursuar office of agent.	nt to the provisions of Sections 607.050 registered agent, or both, in the State am landlar with, and accorpt the oblig	02 and 607,1508, Florida Statutes e of Florida Such change was au gations of, Section 607,0505, Flor	s, the above-named cor thorized by the corpora da Statutes.	es:deaT	nt for the purpose e eby accept the ap	of changing it pointment as	
SIGNATUR	Say that, typed or perfect hand placed tend by	Paul R. LEKs	s, the above-named conthonized by the corporated Statutes.	esideaT ulred when reinstating)	of the purpose eby accept the ap	of changing it pointment as	s registered registered
l l.	Say that, typed or perfect hand placed tend by	Paul R. LERO	s, the above-named cor thorized by the corpora da Statutes.	es:deaT	of the purpose eby accept the ap	of changing it pointment as	s registered registered
SIGNATUR	OFFICERS AN FULLER, CHARLES D	print and title it applicable. (NOTE- ID DIRECTORS	s, the above-named conthorized by the corporated Statutes. Rejustered Agent signature required.	esideaT ulred when reinstating)	of the purpose eby accept the ap	of changing it pointment as	s registered registered
SIGNATURA 12. THE NAME SIREH ADDRESS	OFFICERS AN DST FULLER, CHARLES D 10108 LAKE COVE LANE	print and title it applicable. (NOTE- ID DIRECTORS	s, the above-named corthorized by the corpore ida Statutes. Fedinstered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	esideaT ulred when reinstating)	of the purpose eby accept the ap	of changing it pointment as	s registered registered
SIGNATURA 12. THE NAME SIMEN ADDRESS CHY-ST-7P	OFFICIERS AN DST FULLER, CHARLES D 10108 LAKE COVE LANE TAMPA FL	ent and tille if applicable. (NOTE- ID DIRECTORS DELETE	s, the above-named corthorized by the corpore ida Statutes. Fedinstered Agent signature requirements in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	esideaT ulred when reinstating)	of the purpose eby accept the ap	of changing it pointment as 8, 199	s registered registered 7 SS IN 12 Addition
SIGNATURA 12. THE NAME SIREH ADDRESS	OFFICIERS AN DST FULLER, CHARLES D 10108 LAKE COVE LANE TAMPA FL DP	print and title it applicable. (NOTE- ID DIRECTORS	s, the above-named corthorized by the corpore ida Statutes. Fedinstered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	esideaT ulred when reinstating)	of the purpose eby accept the ap	of changing it pointment as	s registered registered
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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 Block 13 or Block 13 if changed, or or an attachment with an address.

SIGNATURE

Apr. L 8, 1997

FILED

Apr 14 1997 8:00am