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



## Sandra B. Mortham

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Apr 24 1997 8:00am
Secretary of State



(54) 203 88611

PROFIT CORPORATION ANNUAL REPORT 1997  FLORIDA DEPARTMENT OF STA Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			MENT OF STATE  Mortham  of State	Apr 24 1	LED 997 8:00ar ry of State
	PT RD.				
				3. Date Incorporated or Qualified 12/03/1986	3a. Date of Last Report 04/30/1996
_	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite And	* ala	26 Suite Ant # ole		59-2746152	Not Applicabl
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	) 	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	7ip 29	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes  No
11. Pursuant to office or re	the provisions of Sections 607.050	00 00% 4000 File Sel- Ot-4 4-			<del></del>
SIGNATURE	m familiar with, and accept the oblig -	ations of, Section 607.0505, Flor	ida Statutes.	poration submits this statement for the pu alion's board of directors. I hereby accep	
SIGNATURE	m familiar with, and accept the oblig Signature, typod or printed name of registered ag OFFICERS AN	ations of, Section 607.0505, Flor	s, the above-named conthorized by the corporation Statutes.  Hegistered Agent signature required.		DATE
SIGNATURE  12.  TITLE NAME STREET ADDRESS	m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ent and title it applicable (NOTE:	Hegistered Agent signature requirements of the signature requireme	ared when rehistaling)	DATE
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	in familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS AN DP BROGAN, JAMES T. 1579 SW DYER POINT RD	nations of, Section 607.0505, Floreniand title il applicable (NOTE:  ID DIRECTORS	Hegistered Agent signature requirements 13.  1.1 TITLE  1.2 NAME	ared when rehistaling)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROGAN, JAMES T. 1579 SW DYER POINT RD PALM CITY FL DRAM CITY FL	pations of, Section 607.0505, Florent and take dispolaristic (NOTE:  D DIRECTORS  DELETE  DELETE	Hegistered Agent signature request.  13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-S1-ZiP 2.1 THLE 2.2 NAME 2.3 STREET ADDRESS 2.4 City-S1-ZiP 3.1 THLE 3.2 NAME 3.3 STREET ADDRESS 3.4 City-S1-ZiP 3.3 STREET ADDRESS 3.4 City-S1-ZiP	ared when rehistaling)	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Addition
SIGNATURE  12. TITLE NAME	DP BROGAN, JAMES T. BROGAN, MARY E. 1579 SW DYER POINT RD PALM CITY FL DST BROGAN, MARY E. 1579 SW DYER POINT RD PALM CITY FL DST BROGAN, MARY E. 1579 SW DYER POINT RD PALM CITY FL D BROGAN, JAMES T., IV 1579 SW DYER POINT RD	pations of, Section 607.0505, Flor real and take diagraticable (NOTE:  DIRECTORS  DELETE  DELETE  DELETE	Hegistered Agent signature required.  13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP 2.1 THLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-SI-ZIP 3.1 THLE 3.2 NAME 3.3 STREET ADDRESS	ared when rehistaling)	DATE ERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DP BROGAN, JAMES T. 1579 SW DYER POINT RD PALM CITY FL DROGAN, JAMES T. 1579 SW DYER POINT RD PALM CITY FL DST BROGAN, MARY E. 1579 SW DYER POINT RD PALM CITY FL D BROGAN, JAMES T., IV 1579 SW DYER POINT RD PALM CITY FL D BROGAN, JAMES T., IV 1579 SW DYER POINT RD PALM CITY FL D BROGAN, PATRICK T. 1579 SW DYER POINT RD	pations of, Section 607.0505, Florent and take dispolaristic (NOTE:  D DIRECTORS  DELETE  DELETE	Hegistered Agent signature required.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-SI-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-SI-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ared when rehistaling)	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Addition

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 it 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 changed, or on an attachment with an address. MAN CHENOBULLI LICENTIFE BORGE SO