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

DOCUI 1. Corporation	MENI # J44992 ^{n Name}	(2)		· (
LEWIS & DURRANCE GROVES, INC.			en e) ALAIL AIGH BIBH BIBH BIBH BIBH 1881
Principal Place	e of Business	Mailing Address		I SALINA BIII prais Eresa tarid samo ita	(Dibit Bible Bible Bible ment Bible spot
% A. HENRY LE		% A. HENRY LEWIS			
516 NW 4TH ST FORT MEADE F		516 NW 4TH ST FORT MEADE FL 33841-42	06		
OIII MENUS.	C 00071	I WIII MENER TO TOTAL	~	3. Date Incorporated or Qualified	
				12/03/1986	01/29/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Cuite Asi	6 - 4	26 Suite Act # ato		<u>59-2754145</u>	Not Applicab
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	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent
	NON, HOWARD C.		81 Name		
	N. PINE AVENUE		82 Street Add	ress (P.O. Box Number is Not Accepta	ible)
FT. M	MEADE FL 33841		83		
			83		
			84 City	And the second s	FL 85 Zip Code
44 Doreusot	to the previous of Sections 607.05.	02 and 607 1508 Florida Statu	ton the above-named core	poration submits this statement for the	nurnose of changing its registers
II. FUISURII	TO ITE DIOVISIONS OF OCCUONS OUR REP	UZ KITU OUT, IJUU, I IGITUA GRAIG	IBS. THE ADDIVE-HARRIED LAID		pulposo of thallying its registers
office or r	registered agent, or both, in the State	e of Florida. Such change was	authorized by the corpora	tion's board of directors. I hereby acce	ept the appointment as registered
office or r agent. La	registered agent, or both, in the Stati im famil ar with, and accept the oblig	e of Florida. Such change was jations of, Section 607.0505, Fl	authorized by the corpora orida Statutes.	tion's board of directors. I hereby according	ept the appointment as registered
office or r agent. La SIGNATURE	registered agent, or both, in the State am famil ar with, and accept the oblic	e of Florida. Such change was gations of, Section 607.0505, Fl	authorized by the corpora orida Statutes.	tion's board of directors. I hereby acce	ept the appointment as registered
office or r agent Ta	registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505, Fl	authorized by the corpora orida Statutes. IE Registered Agent signature requi	tion's board of directors. I hereby acce	ept the appointment as registered
office or r agent I a SIGNATURE	registered agent, or both, in the State im famil ar with, and accept the oblig Signature typed or product name of registered as OFFICERS AN	e of Florida. Such change was gations of, Section 607.0505, Fl	authorized by the corpora orida Statutes. TE Registered Agent signature requi	tion's board of directors. I hereby account	ept the appointment as registered
office or r agent I a SIGNATURE	registered agent, or both, in the State in familiar with, and accept the oblig signature type disciplined ranne of registaric disciplined as OFFICERS AN PM BEYNON, HOWARD C.	e of Florida, Such change was gations of, Section 607,0505, Fl great of the trappleable (NO NO DIRECTORS	authorized by the corpora orida Statutes. Figure of Agent signature requesting the statutes are supported to the statute of	tion's board of directors. I hereby account	ONTE DATE OF THE PROPERTY OF T
office or r agent Ta SIGNATURE 12.	registered agent, or both, in the State am famil ar with, and accept the oblig Signature type discipnified name of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE.	e of Florida, Such change was gations of, Section 607,0505, Fl great of the trappleable (NO NO DIRECTORS	authorized by the corpora orida Statutes. IE Registered Agent signature required. 13. 1.1 TITLE	tion's board of directors. I hereby account	ONTE DATE OF THE PROPERTY OF T
office or ragent Ta SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-ST-7IP	registered agent, or both, in the State am familiar with, and accept the oblig Signature type discipnified name of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL	e of Florida, Such change was gations of, Section 607,0505, Fl per studied applicable (NO NO DIRECTORS DELETE	authorized by the corporal orida Statutes. IE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	tion's board of directors. I hereby account	DATE ICERS AND DIRECTORS IN 12 Change Additi
office or ragent Ta SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-SI-7IP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig State of the pulled name of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL	e of Florida, Such change was gations of, Section 607,0505, Fl great of the trappleable (NO NO DIRECTORS	authorized by the corpora orida Statutes. IE Flogistered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	tion's board of directors. I hereby account	ONTE DATE OF THE PROPERTY OF T
office or ragent Ta SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-SI-7IP TILLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig operative type disciplination of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN	e of Florida, Such change was gations of, Section 607,0505, Fl per studied applicable (NO NO DIRECTORS DELETE	authorized by the corpora orida Statutes. IE Flogisiøred Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	tion's board of directors. I hereby account	DATE ICERS AND DIRECTORS IN 12 Change Additi
office or ragent Ta SIGNATURE 12. IFFLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig operative type deep milest rame of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE	e of Florida, Such change was gations of, Section 607,0505, Fl per studied applicable (NO NO DIRECTORS DELETE	authorized by the corpora orida Statutes. IE Fingisiered Agent signature requirements and signature requirements. 1.3. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	tion's board of directors. I hereby account	DATE ICERS AND DIRECTORS IN 12 Change Additi
office or ragent I a SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig operative type disciplination of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN	e of Florida, Such change was gations of, Section 607,0505, Florida Such applicable (NO NO DIRECTORS DELETE	authorized by the corpora orida Statutes. IE Fingisiered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	tion's board of directors. I hereby account	DATE CERS AND DIRECTORS IN 12 Change Additi
office or ragent Ta SIGNATURE 12. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME TIFLE NAME TIFLE NAME TIFLE NAME TIFLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig operative type deep milest rame of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE	e of Florida, Such change was gations of, Section 607,0505, Fl per studied applicable (NO NO DIRECTORS DELETE	authorized by the corpora orida Statutes. IE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	tion's board of directors. I hereby account	DATE ICERS AND DIRECTORS IN 12 Change Additi
Office or ragent Ta SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME NAME	registered agent, or both, in the State am familiar with, and accept the oblig operative type deep milest rame of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE	e of Florida, Such change was gations of, Section 607,0505, Florida and alleit applicable (NO ND DIRECTORS DELETE	authorized by the corpora orida Statutes. IE Rugisiered Agent signature requirable. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	tion's board of directors. I hereby account	DATE CERS AND DIRECTORS IN 12 Change Additi
Office or ragent 1 a SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-SI-7IP TITLE NAME STREET ADDRESS CITY-SI-2IP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig operative type deep milest rame of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE	e of Florida, Such change was gations of, Section 607,0505, Florida and alleit applicable (NO ND DIRECTORS DELETE	authorized by the corpora orida Statutes. IE Rugisiered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	tion's board of directors. I hereby account	DATE CERS AND DIRECTORS IN 12 Change Additi
Office or ragent Ta SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME NAME	registered agent, or both, in the State am familiar with, and accept the oblig operative type deep milest rame of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE	e of Florida, Such change was gations of, Section 607,0505, Florida and alleit applicable (NO ND DIRECTORS DELETE	authorized by the corpora orida Statutes. IE Rugisiered Agent signature requirable. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	tion's board of directors. I hereby account	DATE CERS AND DIRECTORS IN 12 Change Additi
Office or ragent 1 a SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP	registered agent, or both, in the State am familiar with, and accept the oblig operative type deep milest rame of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE	e of Florida. Such change was gations of, Section 607,0505, FI	authorized by the corpora orida Statutes. IE Rugisiered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	tion's board of directors. I hereby account	DATE ICERS AND DIRECTORS IN 12 Change Additi
office of ragent Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-7IP TITLE NAME THE NAME	registered agent, or both, in the State am familiar with, and accept the oblig operative type deep milest rame of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE	e of Florida. Such change was gations of, Section 607,0505, FI	authorized by the corpora orida Statutes. IE Registered Agent signature required at 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.1 TITLE	tion's board of directors. I hereby account	DATE ICERS AND DIRECTORS IN 12 Change Additi
Office or ragent Ta SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the State am familiar with, and accept the oblig operative type deep milest rame of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE	e of Florida. Such change was gations of, Section 607,0505, FI	authorized by the corpora orida Statutes. IE Figistered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	tion's board of directors. I hereby account	DATE ICERS AND DIRECTORS IN 12 Change Additi
office of ragent Ta SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-SI-7IP TITLE NAME STREET ADDRESS CITY-SI-2IP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig operative type deep milest rame of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE	e of Florida. Such change was gations of, Section 607,0505, FI	authorized by the corpora orida Statutes. IE Flogistered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	tion's board of directors. I hereby account	DATE ICERS AND DIRECTORS IN 12 Change Additi
Office of ragent Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-7IP TITLE NAME STREET ADDRESS CITY-SI-2IP	registered agent, or both, in the State am familiar with, and accept the oblig operative type deep milest rame of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE	e of Florida. Such change was gations of, Section 607,0505, Fl	authorized by the corpora orida Statutes. IE Flogistered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	tion's board of directors. I hereby account	DATE ICERS AND DIRECTORS IN 12 Change Additi Change Additi
office of ragent Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-7IP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig operative type deep milest rame of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE	e of Florida. Such change was gations of, Section 607,0505, Fl	authorized by the corpora orida Statutes. IE Flogistered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	tion's board of directors. I hereby account	DATE ICERS AND DIRECTORS IN 12 Change Additi Change Additi
Office of ragent Ta SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig operative type deep milest rame of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE	e of Florida. Such change was gations of, Section 607,0505, Fl OPEN AND DIRECTORS DELETE DELETE DELETE DELETE	authorized by the corpora orida Statutes. IE Flogisiered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	tion's board of directors. I hereby account	DATE ICERS AND DIRECTORS IN 12 Change Additi Change Additi Change Additi
office of ragent Ta SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-ST-7IP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig operative type deep milest rame of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE	e of Florida. Such change was gations of, Section 607,0505, Fl	authorized by the corpora orida Statutes. IE Flogisiered Agent eignature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE	tion's board of directors. I hereby account	DATE ICERS AND DIRECTORS IN 12 Change Additi Change Additi
office of ragent 1 a SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig operative type deep milest rame of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE	e of Florida. Such change was gations of, Section 607,0505, Fl OPEN AND DIRECTORS DELETE DELETE DELETE DELETE	authorized by the corpora orida Statutes. IE Fingisiered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	tion's board of directors. I hereby account	DATE ICERS AND DIRECTORS IN 12 Change Additi Change Additi Change Additi
Office of ragent Ta SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-SI-7IP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-7IP TITLE NAME STREET ADDRESS CITY-SI-7IP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig operative type deep milest rame of registered as OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE	e of Florida. Such change was gations of, Section 607,0505, Fl OPEN AND DIRECTORS DELETE DELETE DELETE DELETE	authorized by the corpora orida Statutes. IE Figusiared Agent agrature required agent age	tion's board of directors. I hereby account	DATE ICERS AND DIRECTORS IN 12 Change Additi Change Additi Change Additi
Office or ragent 1 a SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	registered agent, or both, in the State am farmil ar with, and accept the oblig OFFICERS AN PM BEYNON, HOWARD C. 418 N. PINE AVE. FORT MEADE FL ST DRISKELL, HELEN 20 LAURIE LANE FORT MEADE FL	e of Florida. Such change was gations of, Section 607.0505, FI	authorized by the corpora orida Statutes. IE Fingisiered Agent eignature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	tion's board of directors. I hereby account	DATE ICERS AND DIRECTORS IN 12 Change Additi Change Additi Change Additi Change Additi

OWARD C. BEYNIN

FILED

Jan 27 1997 8:00am

Secretary of State