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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	J	FILEI)
Apr	18	1997	8:00am
Se	cre	tary c	of State



Principal Place of Business 726 8 MISSOURI AVE LAKELAND FL 98991—3>815 CHEATHAM, GOLENO & COMPANY, P.A. Mailing Address 726 8 MISSOURI AVE LAKELAND FL 98991—3>815					_							
us Us	パリカー ファラ い	•	US	KELAND FL 33815-473	o		3. Dá	ale Incorporated or 0	Qualified	3a. Dat	te of Last F	Report
								/22/1986		06/1	19/1996	•
2. Principal Pi	ace of Busine	SS		Mailing Address				Number 5 9-2684545				pplied For
Suite, Apt. (#. etc.		26	Suite, Apt. #, etc.				9-2004040				ot Applicab Additional
12	«, 010 ,		27	Care () Pri in (Bro.			5. Ce	ertificate of Status D	esired			equired
City & State)			Crty & State			6. Ele	ection Campaign Fir	nancing		\$5.00	May Be
13		Canada	28		7	ate :		ust Fund Contributio		<u> </u>		to Fees
Zip	2	Country	29	Zip	Cour 30	niry		iis corporation has li orida Statutes	iability for in	ntangible t Yes	tax under s 7 No	i. 199.032,
4		ol nd Address of Cur		stered Agent	1301			ame and Address o				
CHE/	ATHAM, RO	BERT C.				B1 Name						
726 8	s Missouri	AVE			-	82 Street /	Address (P.O.	. Box Number is Not	Acceptabl	le)		
LAKE	LAND FL 🥞						· · · · · · · · · · · · · · · · · · ·		·	· · · · · · · · · · · · · · · · · ·		
	5	3815		•		83						
					-						85 Zip	Code
SIGNATURE .		printed name of registered	dagent and title		utes, the abs authorized forida Statu		required when rein	rslating)		DATE		
SIGNATURE .			dagent and title	Papplicable (NO	utes, the abs authorized forida Statu	ove-named by the corputes.	required when rein			DATE DRIVE DRI		RS IN 12
SIGNATURE . 12. TITLE	Signature, lyped or DP CHEATHAN	OFFICERS A	dagent and title	e Fapplicable (NC	utes, the abs authorized forida Statu DTF Registered 13.	ove-named I by the corp utes. Agent signature	required when rein	rslating)		DATE DRIVE DRI	DIRECTOR	RS IN 12
SIGNATURE . 12. TITLE NAME	DP CHEATHAN 728 S MISS	printed name of registored OFFICERS / I, ROBERT C. SOURI AVE	dagent and title	e Fapplicable (NC	utes, the abs authorized forida Statu	ove-named I by the corp utes. Agent signature	required when rein	rslating)		DATE DRIVE DRI	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHEATHAN 726 S MISS LAKELAND	OFFICERS A	dagent and title	Fapplicable (NCCTORS	utes, the abs authorized forida Statu DTF Registered 13. 1.1 Till 1.2 NAI	Agent signature LE ME REET ADDRESS Y-ST-ZIF	required when rein	rslating)		urpose of t the appo DATE ERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP CHEATHAN 726 S MISS LAKELAND	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S	dagent and title	e Fapplicable (NC	utes, the abs authorized forida Statu	Agent signature LE ME REET ADDRESS Y-ST-ZIF LE	required when rein	rslating)		urpose of t the appo DATE ERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP CHEATHAN 726 S MISS LAKELAND VD GOLENO, 1	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S	dagent and title	Fapplicable (NCCTORS	utes, the abs authorized forida Statu. TE Registered 13. 1.1 IIII 1.2 NAI 1.3 SIF 1.4 CII 2.1 IIII 2.2 NAI	Agent signature LE ME REEL ADDRESS Y-ST-ZIP LE ME	required when rein	rslating)		urpose of t the appo DATE ERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	DP CHEATHAN 726 S MISS LAKELAND VD GOLENO, 1 726 S MISS	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S	dagent and title	Fapplicable (NCCTORS	utes, the abs authorized forida Statu. DTF Registered 13. 1.1 HTI 1.2 NAI 1.3 STF 1.4 CH 2.1 HTI 2.2 NAI 2.3 STF	Agent signature LE ME REET ADDRESS Y-ST-ZIF LE	required when rein	rslating)		urpose of t the appo DATE ERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHEATHAN 726 S MISS LAKELAND VD GOLENO, 1 726 S MISS	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S TERRI, A SOURI AVE	dagent and title	Fapplicable (NCCTORS	utes, the abs authorized forida Statu. DTF Registered 13. 1.1 HTI 1.2 NAI 1.3 STF 1.4 CH 2.1 HTI 2.2 NAI 2.3 STF	Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	required when rein	rslating)		urpose of t the appo DATE ERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP CHEATHAN 726 S MISS LAKELAND VD GOLENO, 1 726 S MISS	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S TERRI, A SOURI AVE	dagent and title	e Papplicable (NCCTORS DELETE	utes, the abs authorized forida Statu. The Registered 13. 1.1 IIII. 1.2 NAI 1.3 SIF 1.4 CH 2.1 IIII. 2.2 NAI 2.3 SIF 2.4 CF	Agent signature LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE	required when rein	rslating)		urpose of t the appo DATE ERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DP CHEATHAN 726 S MISS LAKELAND VD GOLENO, 1 726 S MISS	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S TERRI, A SOURI AVE	dagent and title	e Papplicable (NCCTORS DELETE	utes, the abs authorized forida Status. TERESISTER RESISTERED 1.1 INT. 1.2 NAI 1.3 STE 1.4 CH 2.1 TIT. 2.2 NAI 2.3 STE 2.4 CT 3.1 TIT. 3.2 NAI 3.3 STE	Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS ME REET ADDRESS	required when rein	rslating)		urpose of t the appo DATE ERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHEATHAN 726 S MISS LAKELAND VD GOLENO, 1 726 S MISS	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S TERRI, A SOURI AVE	dagent and title	P Applicable (NO CTORS DELETE	utes, the abs authorized forida Status. TE Registered 13. 1.1 IIII 1.2 NAI 1.3 SIF 1.4 CH 2.1 IIIII 2.2 NAI 2.3 SIF 2.4 CH 3.1 IIIII 3.2 NAI 3.3 SIF 3.4 CH	Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	required when rein	rslating)		urpose of t the appo	DIRECTOR Change Change	RS IN 12 Addili Addili
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	DP CHEATHAN 726 S MISS LAKELAND VD GOLENO, 1 726 S MISS	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S TERRI, A SOURI AVE	dagent and title	e Papplicable (NCCTORS DELETE	13. 1.1 1/1/ 1.2 NAI 1.3 SIF 2.1 1/1/ 2.2 NAI 2.3 SIF 2.4 CI 3.1 1/1/ 3.2 NAI 3.3 SIF 3.4 CI 4.1 1/1/ 4.1 1/1/	Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	required when rein	rslating)		urpose of t the appo	DIRECTOR Change	RS IN 12 Addili Addili
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	DP CHEATHAN 726 S MISS LAKELAND VD GOLENO, 1 726 S MISS	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S TERRI, A SOURI AVE	dagent and title	P Applicable (NO CTORS DELETE	utes, the absence of torida Status. TE Registered 13. 1.1 Jill 1.2 NAI 1.3 SIF 2.1 JIIII 2.2 NAI 3.3 SIF 3.4 CII 4.1 JIIII 4.2 NAI 4.2 NAI	Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	required when rein	rslating)		urpose of t the appo	DIRECTOR Change Change	RS IN 12 Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP CHEATHAN 726 S MISS LAKELAND VD GOLENO, 1 726 S MISS	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S TERRI, A SOURI AVE	dagent and title	P Applicable (NO CTORS DELETE	utes, the abs authorized forida Statu. TE Registered 13. 1.1 JRI 1.2 NAI 1.3 SIF 1.4 CR 2.1 JRI 2.2 NAI 2.3 SIF 2.4 CR 3.1 JRI 3.2 NAI 3.3 SIF 3.4 CR 4.1 JRII 4.2 NAI 4.3 SIF	Agent agrature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS LY-ST-ZIP LE ME REET ADDRESS	required when rein	rslating)		urpose of t the appo	DIRECTOR Change Change	RS IN 12 Addili Addili Addili
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHEATHAN 726 S MISS LAKELAND VD GOLENO, 1 726 S MISS	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S TERRI, A SOURI AVE	dagent and title	P Applicable (NO CTORS DELETE	13. 1.1 Jill 1.2 NAI 1.3 SIF 2.4 CII 3.1 JIII 3.2 NAI 3.3 SIF 3.4 CII 4.1 JIII 4.2 NAI 4.3 SIF 4.4 CII 5.1 JIIII	Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS	required when rein	rslating)		urpose of t the appo	DIRECTOR Change Change	RS IN 12 Addili Addili Addili
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP CHEATHAN 726 S MISS LAKELAND VD GOLENO, 1 726 S MISS	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S TERRI, A SOURI AVE	dagent and title	Papplicable (NGCTORS DELETE DELETE DELETE	utes, the abs authorized forida Statu. The Registered 13. 1.1 IIII 1.2 NAI 1.3 SIF 1.4 CH 2.1 IIII 3.2 NAI 3.3 SIF 3.4 CH 4.1 IIII 4.2 NAI 4.3 SIF 4.4 CH 5.1 IIII 5.2 NAI 5.3 NAI 5.3 SIF 5.3 NAI 5	Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS MY-ST-ZIP LE MME REET ADDRESS MY-ST-ZIP LE MME REET ADDRESS MME REET ADDRESS MME	required when rein	rslating)		urpose of t the appo	DIRECTOR Change Change Change	RS IN 12 Addili Addili Addili
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP CHEATHAN 726 S MISS LAKELAND VD GOLENO, 1 726 S MISS	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S TERRI, A SOURI AVE	dagent and title	Papplicable (NGCTORS DELETE DELETE DELETE	utes, the abs authorized forida Statu. DTF Registered 13. 1.1 IIII 1.2 NAI 1.3 STF 1.4 CH 2.1 IIII 2.2 NAI 2.3 STF 2.4 CCI 3.1 IIIII 3.2 NAI 3.3 STF 4.4 CII 5.1 IIIII 5.2 NAI 5.3 STF	Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS HY-ST-ZIP LE ME REET ADDRESS HY-ST-ZIP LE	required when rein	rslating)		urpose of t the appo	DIRECTOR Change Change Change	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHEATHAN 726 S MISS LAKELAND VD GOLENO, 1 726 S MISS	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S TERRI, A SOURI AVE	dagent and title	Papplicable (NOCTORS CTORS DELETE DELETE DELETE DELETE	utes, the abs authorized forida Statu. The Registered 13. 1.1 IIII 12. NAI 1.3 STF 1.4 CH 2.1 TH 2.2 NAI 2.3 STF 1.4 CH 4.1 TH 1.1 TH 1.4 CH 4.2 NAI 3.3 STF 1.4 CH 5.1 TH 5.2 NAI 5.3 STF 5.4 CH 5.4 CH 5.4 CH 5.5 ACH 5.5	Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	required when rein	rslating)		DATE ERS AND	DIRECTOR Change Change Change	RS IN 12 Additi Additi Additi
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP CHEATHAN 726 S MISS LAKELAND VD GOLENO, 1 726 S MISS	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S TERRI, A SOURI AVE	dagent and title	Papplicable (NGCTORS DELETE DELETE DELETE	utes, the abs authorized forida Statu. DTF Registered 13. 1.1 IIII 1.2 NAI 1.3 STF 1.4 CH 2.1 IIII 2.2 NAI 2.3 STF 2.4 CCI 3.1 IIIII 3.2 NAI 3.3 STF 4.4 CII 5.1 IIIII 5.2 NAI 5.3 STF	Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE LE ME REET ADDRESS Y-ST-ZIP LE	required when rein	rslating)		DATE ERS AND	DIRECTOR Change Change Change	RS IN 12 Addili Addili Addili
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP CHEATHAN 726 S MISS LAKELAND VD GOLENO, 1 726 S MISS	OFFICERS A 1, ROBERT C. SOURI AVE FL 33%\S TERRI, A SOURI AVE	dagent and title	Papplicable (NOCTORS CTORS DELETE DELETE DELETE DELETE	utes, the abs authorized forida Statu. TE Registered 13. 1.1 IIII 1.2 NAI 1.3 SIF 1.4 CH 2.1 IIII 2.2 NAI 2.3 SIF 2.4 CI 3.1 IIII 4.2 NA 4.3 SIF 4.4 CH 5.1 IIII 5.2 NAI 5.3 SIF 6.4 CH 6.1 IIII 6.2 NAI	Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE LE ME REET ADDRESS Y-ST-ZIP LE	required when rein	rslating)		DATE ERS AND	DIRECTOR Change Change Change	RS IN 12 Addili Addili Addili Addili

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 tam 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