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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	UAL REPORT 1997	D	Secretar	y of State		Secretar	<b>y</b> o	f St	ate	
1. Corporation	MENT # .152180	Secretary of State  DIVISION OF CORPORATIONS  Secretary of State  DIVISION OF CORPORATIONS  Secretary of State  Secretary of S								
Principal P.ac 6811 BELVEDE W PALM BEAC		8.0-00H-25	ADECKESSE MONINGED IN EAST			OC.				
			ሊ	COMMEDIAL K	025				eport	
· · · · · · · · · · · · · · · · · · ·	Place of Business		Address	ひなうかん	-	4. FEI Number	, <u>v</u> v,v,	Ap	<del></del>	
Suite Apt	. # eta.	Suite, Ap	ot. #, etc.				П	<del>~~1</del> ~~~~		
22	og fishen men of the heaves of the second of			and ST					<del></del>	
City & Sta   <b>23</b>	de			5 NES		· -				
Zip	} <sub>1</sub>	Žip		Country		6. This corporation has liability for in		k under s.		
24				30 0000					,	
WE	H <del>-BELVEDERG-RD</del> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		INLEST	Cohony	Address	(P.O. Box Number is Not Acceptable		85 Zip (	Code	
office or agent 1:	t to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 607.1508, ite of Florida Such igations of, Section	Florida Statuti change was a 607.0505, Flo	es, the above-named juthorized by the corp grida Statutes.	corpora poration's	tion submits this statement for the push board of directors. I hereby accept	irpose of cl the appoir	nanging it itment as	s registered registered	
SIGNATURE	Signature, type dior printed name of registered a		(NOTI	Registered Agent signature	w bariupar s		DATE			
12.	OFFICERS A	ND DIRECTORS	DELETE	13.	1	ADDITIONS/CHANGES TO OFFICE		IRECTOR	S IN 12 Addition	
NAME	SJOGREN, WALTER R., SR.	L	_ percit	1.4 FILE 12 NAME	1		ŧ	1 Olimbia	Proprieta	
STREET ADDRESS	404 OLICETED LANC			1.3 STREET ADDRESS 1.4 City-St-Zip		3346	7			
THE	We Director & Sec	retary [	DELETE	2.5 TITLE			Ì	Change	Addition	
NAM:	SJOGREN, JANE BEVERLY	i		2.2 NAME						
STREET ADDRESS	191 SHELTER LANE JUPITER INLETCOLONY FL			2.3 STREET ADORESS		33469	<b>,</b>			
THEF	#		DELETE	2 4 CITY-ST-ZIP 3.1 TIYLE	<del> </del>	V/	Ţ	Change	Addition	
NAME	SJOOREN, WADE R	·	-	3.2 NAME		<i>:</i>	<i>:</i>			
STREET ADDRESS		AU		3.3 STREET ADDRESS						
CITY - ST - ZIP TITLE	recogniso-yn		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	ļ <u>.</u>		т	Change	Addition	
NAME		-		4 2 NAME			-		,	
\$19651 AUDRESS				4.3 STREET ADDRESS						
CITY+ST-ZIF				4.4 CITY - ST - ZIP			·····	1 86	· • • • • • • • • • • • • • • • • • • •	
THUE		[	DELETE	5.9 TITLE			Ĺ	] Change	Addition	
NSM-				5.2 NAME						

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this titing 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 12 or Block 13 if changed, or on an attachment with an address.

5 3 STREET ADDRESS

6.3 STREET ADDRESS

54 CHY-ST-ZIP

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-SI-789

1dH

NAME

Change

Addition

**FILED** 

May 19 1997 8:00am

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