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**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 21 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address  1853 BELMONT DRIVE 1853 BELMONT DRIVE PO BOX 7835 PO BOX 7835 CLEARWATER FL \$4618-7835 US						3. Date Incorporated or Qualified 3a. Date of Last Report							
			· · · · · · · · · · · · · · · · · · ·						04/06/1987		05/0	1/1996	
2. Principal F	Place of Busin	ness	<u> </u>	, Mailing Address					4. FEI Number 59-2794601			<del></del>	opplied For lot Applica
Sulte, Apt	#, etc.	<del></del>	26	Suite, Apt. #, etc.					1				Additional
2			27						5. Certificate of Status De-	sired			Sequired
City & Sta	te		28	City & State					Election Campaign Fina     Trust Fund Contribution	_			May Be I to Fees
. Žip		Country	20		Country			8. This corporation has lia	bility for in	ntangible	tax under		
4]		25	29		30	<del></del>			Florida Statutes		Yes		
OII.		and Address of Curre	ent Regis	stered Agent		81	1 Na	ne	10. Name and Address of	New Het	gistered A	gent	
	LARD, GEO 3 BELMON					L					·		
	EARWATER					82	2 Str	et Addr	ess (P.O. Box Number is Not A	Acceptab	le)		
						83	3						
						84	4 Cit	,				85 Zip	Code
											<u>FL</u>	'	
SIGNATURE		d or printed name of registered a	gont and little	o if applicable (N	OIE Regi	islered Aç			oration submits this statement on's board of directors. I here ad when reinstating)		DATE		<del></del>
SIGNATURE  12.  Title	Signature, typed	d or printed name of registered a OFFICERS AI	gont and little	o if applicable (N	OIE Regi	istered As 13. 1.1 TiTLE	gent sign				DATE ERS AND		RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	PSTO DILLARD 1853 BE	OFFICERS AI OFFICERS AI GEORGE P. LMONT DRIVE	gont and little	o if applicable (N	OTE Regi	istered As <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREE	gent sign	alure requin	ed when reinstating)		DATE ERS AND	DIRECTO	RS IN 12
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I do hereby certify that the information supplied with this filing doos 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.

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Security that the information 119,07(3)(i), Florida Statutes, I further certify that the information 119,07(3)(i), Florida Statutes, I further certify that the information 119,07(3)(ii), Florida Statutes, I further certify that the information 119,07(3)(ii), Florida Statutes, I further certify that the information 119,07(3)(ii), Florida Statutes, I further certify that the information 119,07(3)(ii), Florida Statutes, I further certify that the information 119,07(3)(ii), Florida Statutes, I further certify that the information 119,07(3)(ii), Florida Statutes, I further certify that the information 119,07(3)(ii), Florida Statutes, I further certified in the information 119,07(3)(ii), Florida Statutes, I further certified in the information 119,07(iii) in the information 119,07(iii) in the information 119,07(iii) in the informatio