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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Principal Place of Business	5 (6) Mailing Address			
968 CLYDESDALE RD LOXAHATCHEE FL 33470	968 CLYDESDALE RD LOXAHATCHEE FL 33470	-3906		
			3. Date Incorporated or Qualified 04/13/1987	3a. Date of Last Report 03/18/1996
2. Principal Place of Business	2a. Mailing Address	***************************************	4. FEI Number 59-2797990	Applied For
1 Suite, Apt #, etc	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
2	27		Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for	
4 25	29	30	Florida Statutes 10. Name and Address of New R	Yes No
Name and Address of Curr WHITE, ROBERT A.	ent Hegistered Agent	81 Name	10. Name and Address of New H	egistered Agent
9337 W. SAMPLE RD CORAL SPRINGS FL 33065		82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
 Pursuant to the provisions of Sections 607 0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the of it 	502 and 607.1508, Florida Statute of Florida Statute of Florida Society Change was ligations of, Section 607.0505, F	<i>,</i> '	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered ppt the appointment as registered
SIGNATURE Storage of project name of requirements	agent and tipe if appliable (NO	TE: Registered Agent signature requ	ulrad when reinstating)	DATE
Signation typed of printed name of registered a 12. OFFICERS A	IND DIRECTORS	OTE: Registered Agent signature requ 13.	ulred when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
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12. OFFICERS A	IND DIRECTORS	TE: Registered Agent signature required. 13. 1.1 TIPLE		CERS AND DIRECTORS IN 12
12. OFFICERS A TIPLE PD LINES, RACHEL J. 968 CLYDESDALE RD LOXAHATCHEE FL	IND DIRECTORS	TE: Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		CERS AND DIRECTORS IN 12
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SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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FILED

Mar 17 1997 8:00am

Secretary of State