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

DOCUMENT # J70332

332 (8)

Principal Place of Business Mailing Address

FRANCIS J. DEELY
136 21ST AVE.

SEDO REACH EL 22062

FILED
May 01 1997 8:00am
Secretary of State



136 21ST AVE VERO BEACH		136 21ST AVE. VERO BEACH FL 32962-2649									
	, 				,		Incorporated or Qualified 9/1987	3a. Da	ate of La /06/19	ast Repo	ort
2. Principa' P 21	iace of Business	2a. Mailing Address 26			4. FEI N	umber -2811465		-		ed For	
Suite Apt.	#, etc	Suite, Apt. #, etc.			5. Certif	icate of Status Desired	\$8.75 Additional Fee Required				
City & State	0	City & State				on Campaign Financing Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	30	ntry			corporation has liability for la Statutes		tax unc	ler s. 19	9.032,
·····	9. Name and Address of Curr	ent Registered Agent			****	10. Nam	and Address of New Re	gistered	Agent		
	LY, FRANCIS J.			81	Name						
	21ST AVE. O BEACH FL 32962		82			ress (P.O. Bo	x Number is Not Acceptab	ole)			
,			;	83							
				84	•			FL	. -	Zip Cod	
l office or r	to the provisions of Sections 607.0! egistered agent, or both, in the Sta m farmliar with, and accept the obt	ite of Florida. Such change was	authorized	d bv	the corpora	rporation subration's board	nits this statement for the p of directors. I hereby accep	ourpose of the app	changi ointmer	ng its re	egistered gistered
SIGNATURE	Signature, typed or printed name of registered a	agent and fith if applicable (NC	OTE: Registered	i Aper	ni signature requ	ulred when reinstati	ng)	DATE			
12.		ND DIRECTORS	13.			ADDIT	IONS/CHANGES TO OFFIC	ERS AND			
THE	PD	DELETE	1.1 70	TLE					Cha	nge L	Addition
NAME	DEELY, FRANCIS J.		1.2 NA	ME							
STEEL LAFORESS	136 21 AVE.		1.3 ST	REET	ADDRESS						
CITY: ST-ZIP	VERO BEACH FL		1.4 CI	TY - 51	T- ZIP						
HUE		L_] DELETE	2.1 1)	TLE					L Cha	nge L	Addition
NAME	l e e e e e e e e e e e e e e e e e e e		2.2 NA	ME							
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NAME			3.2 NA								
STREET ADDRESS					ADDRESS						ŀ
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STREET ADDRESS					ADDRES\$						
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THILE			5.1 T(∐ Cha	rige L	Addition
NAME			5.2 NA								ł
STREET ACCEPESS					ADDRESS						-
017-51-70	The second secon	T orier	5.4 CI		T-ZIP				T 7 20		-
1F(F		☐ DELETE	6.1 TI						L_ Cha	nge L	Addition
NAME			6.2 NA						•		ĺ
STREET ADDRESS			6.3 ST	REET	ADDRESS						
City S*-7IP			6.4 CI	1Y - \$1	T-ZIP	·					

4. 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 I am an officer or director of the corporation or the receiver or truescene property of the receiver o

SIGNATURE:

MANUSCO & SIGNING OFFICE OF DIRECTOR

3/15/57

561-562-071