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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(8)

1997

DOCUMENT # J78432

FOURNIER & PRETSCHNER, A PROFESSIONAL ASSOCIATION

FILED Apr 08 1997 8:00am Secretary of State



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		1800 SECOND ST #803		}		
SARASOTA FL 34236 SARASOTA FL 34236-595				3. Date Incorporated or Qualified 06/18/1987	3a. Date of Last 1 04/15/1996	Report
	ace of Business	2a. Mailing Address		4. FEI Number	 	pplied For
	oo Tuttle Avenue	26 22 So Tutt	te Avenue	59-2816863		lot Applicab
Suite, Apt # Suit		Suite, Apt. #, etc.		5. Certificate of Status Desired	, , , ,	Additional lequired
2 Sul 1 City & State		City & State	_	6. Election Campaign Financing		May Be
	asota FL	28 Savasota,	FL	Trust Fund Contribution		to Fees
Zip_ 44.9	Country	Zip	Country	8. This corporation has liability for in		s. 199.032,
3 4 g	120 00000	1501	30 Sarasot4		Yes Yo	
DOET	Name and Address of Curre SCHNER, ROBERT M.	ant pagistered wastr	B1 Name	10. Name and Address of New Reg	Istered Agent	
	SECOND ST #803		K	obert M. Fournier		
	SECOND STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)	
	SOTA FL 34236		0.0	suite 4	<u></u>	
			OA Cau		les Zin	Code
	0		11 5	iarasota	FL °° 3	4337
1. Pursuablic	o the provisions of Sections 607.05	of and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the pu	urpose of changing	its registere
 ottice or re agent 1 an 	egistered agent, or both, in the Stat n familiar with, and accept the obje	e of Florida. Such change was a pations of, Section 607.0505. Flo	autnorized by the corpora orida Statutes.	rporation submits this statement for the pu ation's board of directors. I hereby accept	t the appointment as	s registered
	Paul III L	en . 1 11 1 1 1 1		ĺ	7/2/97	
RANIA II IBO		our		<i>i</i>	(19-) ()	
SIGNATURE			E: Registered Agent signature requ		DATE	
2,		ND DIRECTORS	13.	ured when reinstating) ADDITIONS/CHANGES TO OFFICE		
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I do interest certify that the information supplies with this limit of both the exemption stated in Section 114,05(f), Provide Statutes. The first certify that the information indicated on this annual report or supplemental kinual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Lam an officer or director of the polyporation or the receiverfor trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or Block 15 or

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97

(941) 957-3980