FILE NOW: FILING FEE AN PROFIT CORPORATION ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary State - Division of Corporations		FILED Jun 06 1997 8:00am Secretary of State		
	LSLIDE DRIVE		(8) ailing Address 104 Channel Side Driv MPA FL 33602-3109 S	Æ			
00			•		<ol> <li>Date Incorporated or Qualified 06/25/1987</li> </ol>	3a. Date of Last F 06/25/1996	leport
	Place of Business	T	Mailing Address		4. FEI Number	A	pplied For
Sulte, Apt.	#, elc.	26	Suite, Apt. #, etc.		<u>59-2817633</u>	0 7F	ot Applicable Additional
2		27			5. Certificate of Status Desired	Fee Ri	equired
City & Stat	e	28	City & State		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>		May Be to Fees
Zip	Country		Zip	Country	8. This corporation has liability for	intangible tax under s	
4	25 9, Name and Address of Curren	29	tered Agent	30	Florida Statutes 10. Name and Address of New R	Yes No	
				83 84 City		FL	Code
	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 6 of Florid ations of	07.1508, Florida Statu da. Such change was I, Section 607.0505, Fl	64 City	propration submits this statement for the ation's board of directors. I hereby acce	FL	
SIGNATURE	Signature, typed or printed name of registroto ager	ni and lite	if applicable (NO	64 City tes, the above-named cor authorized by the corpora orida Statutes	uired when reinstating)	PL purpose of changing il pot the appointment as	ls registered registered
SIGNATURE		ni and lite	if applicable (NO	64 City tes, the above-named cor authorized by the corpora orida Statutes		PL purpose of changing il pot the appointment as	ls registered registered
SIGNATURE 12. Title NAME STREET ADDRESS	Stonature, typed or printed name of registerus ager OFFICERS AND PD HERRING, NANCY H. 1304 CHANNELSIDE DRIVE	ni and lite	if applicable (NO CTORS	B4 City     City     tos, the above-named con     authorized by the corpore     orida Statutes     13.     1.1 ULE     1.2 NAME     1.3 STREET ADDRESS	uired when reinstating)	DATE CERS AND DIRECTOR	Is registered registered IS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stonature, typed or printed name of registerus age OFFICERS AND PD HERRING, NANCY H.	ni and lite	if applicable (NO CTORS	B4 City     City     tes, the above-named cor     authorized by the corpore     orida Statutes     13.     1.1 IIILE     1.2 NAME	uired when reinstating)	DATE CERS AND DIRECTOR	Is registered registered IS IN 12
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