## 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

FILED
May 23 1997 8:00am
Secretary of State

2	
2. Principal Place of Business       28. Mailing Address       4. FEI Number 59-2878         21       Suite Apt # etc       Suite, Apt. #, etc.       5. Certificate         22       27       City & State       6. Election C Trust Fund         23       Zip       Country       Zip       Country       8. This corporation for Elorida State         24       25       29       30       Florida State         9. Name and Address of Current Registered Agent       10. Name and FERGUSON, BRUCE EDWARD 309 CONCHA DR SEBASTIAN FL 32958       81       Name	reporated or Qualified  8a. Date of Last Report  06/25/1996
Suite Apt # etc:  Suite Apt # etc:  City & State  Trust Fund  Zip  Zip  Country  Zip  Country  B. This corporation for the following of the following for the following following for the following followin	er Applied For
City & State  Fund Country  Zip  Country  Zip  Country  Signature Florida State  9. Name and Address of Current Registered Agent  FERGUSON, BRUCE EDWARD  309 CONCHA DR  SEBASTIAN FL 32958  City & State  City & State  City & State  Country  Signature  Forum Address of Current Registered Agent  Signature  Signature	SR 75 Additional
Trust Fund  Zip  Country  Zip  Country  Zip  Signature  Plorida Sta  9. Name and Address of Current Registered Agent  FERGUSON, BRUCE EDWARD  309 CONCHA DR  SEBASTIAN FL 32958  Trust Fund  Country  B. This corporation of the country  B. This corp	Fee Required
Zip Country Zip Country 8. This corporate State Street Address of Current Registered Agent 5. Name and Address of Current Registered Agent 5. Name 309 CONCHA DR SEBASTIAN FL 32958 5. Street Address (P.O. Box Number 1. Street A	empaign Financing \$5.00 May Be I Contribution Added to Fees
9. Name and Address of Current Registered Agent 10. Name and FERGUSON, BRUCE EDWARD 81 Name 309 CONCHA DR SEBASTIAN FL 32958 82 Street Address (P.O. Box Nu	oration has liability for intangible tax under s. 199.032,
FERGUSON, BRUCE EDWARD 309 CONCHA DR SEBASTIAN FL 32958  81 Name 82 Street Address (P.O. Box Nu	atutes Yes No
309 CONCHA DR SEBASTIAN FL 32958	- Additional Control of the Control
	imber is Not Acceptable)
**	
84   City	FL 85 Zip Code
SIGNATURE  5-yestric types or proced name of registered agent and tale if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS  1916 PD DELETE 1.11TILE	DATE  CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME STREET ADDRESS GIEVES 27 /P SEBASTIAN FL  12 NAME 1.3 STREET ADDRESS SEBASTIAN FL  14 CITY-ST-7/P	
CHY-ST-ZIP SEDACTION FL 1.4 CHY-ST-ZIP THE VTD DELETE 2.1 THE	Change Addition
NAME FERGUSON, KENNETH 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-7IP	Ŧ
CITY-ST-ZIP POMPANO DEACTIFE 2.4 CITY-ST-ZIP DELETE 31 TITLE	Change Addition
NAME FERGUSON, THOMAS 32 NAME	•
SHEFT LADDRESS 3377 COCOPLUM CIRCLE 3.3 STREET ADDRESS COCONUT CREEK FL 3.4 CITY-ST-ZIP	
CITY-ST-ZIP COCONOT CHEER FL 3.4. CITY-ST-ZIP  YELF SD DELETE 4.1 TITLE	Change Addition
NAME EASTER, PERRY 4 2 NAME	
STREET ADDRESS 7385 163RD COURT N. 4.3 STREET ADDRESS	
CHY-ST-70° PALM BCH GARDENS FL 44-CHY-ST-20° .  THE VD DELETE 5.1 TITLE	Change Addition
NAME FERGUSON, LARRY 52 NAME	Find Olimings Find Mandion
STREET ADDRESS 4031 NE 18TH AVE. 5.3 STREET ADDRESS	
CITY-ST 201 POMPANO BCH. FL 54 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS	Change Addition
City St-7/P  6.4 Dity-St-7/P  1.4. Let be about scalled the information completed with this filter does not qualify for the appropriate particular Section 119.5	Change Addition

For 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 exporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or man appears in address.

SIGNATURE:

TEQUIRED GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR