## 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

Principal Place of	E 2510 SACOLA FL 32501-4800         SUITE 2510 PENSACOLA FL 32501-4800 US           Innerpal Place of Business         28. Mailing Address           26.         Suite, Apt. #, etc.           27.         Suite, Apt. #, etc.							
,					n tambilin strin rintil senim sener salgsb sift	#+#+) <b>#   </b>     <b>  </b>	<b>?#</b> (4 <b>#</b>  # F <b># </b> #	91 <b>5</b> (1 188)
25 E WRIGHT ST. SUITE 2510	•			Ì				
PENSACOLA FL 3	32501-4800		00		2 Date Incorporated or Qualified	Tan Da	ate of Last R	lonad
US		US		1	<ol><li>Date Incorporated or Qualified 09/15/1987</li></ol>		110 OF LASEN 04/1996	ehou
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	1 470		oplied For
21	and the second s				59-2845358			ot Applicable
<sub>1</sub>	eta				5. Certificate of Status Desired	X		Additional equired
22] City & State		City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Ζφ: 	Country	<b>2</b> p	Country		8. This corporation has liability for it			. 199.032,
24	25   9. Name and Address of Curre	29   nt Registered Agent	[30]		Fiorida Statutes  Name and Address of New Re	Yes [		
25 WE 25 CEI PENSA	, MILES EST CEDAR STREET DARS STREET / FLOOR 4 ACOLA FL 32501 the provisions of Sections 607.05	02 and 607 1508. Florida Statul	83 Street 83 City	Bey Po Pour	Ralph E59 (PO. Box Number is Not Acceptate 954 ane Box 12950 3  Sacola FL tion submits this statement for the ps board of directors. I hereby acceptance	₩.G.	85 Zip	Code
office outeg agent Lan SIGNATURE	A core tyred of olded name of regist, ed ac	lusan 1	orioa Statutes.	poration'	s board of directors. I hereby accep	ot the app	ointment as	registered
19	DEFICERS AN		E: Registered Agent signature	required w		DATE CERS AND	DIRECTOR	
12.	OFFICERS AN	IO DIRECTORS	13. 1.1 TITLE	required w	then reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTOF	RS IN 12
THE MAME	PD Davis, Carolyn R.	ID DIRECTORS	13.	required w				Addition
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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 other or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

lent 4/15/97

04 - 43 2 - 5880

FILED

Apr 23 1997 8:00am

Secretary of State