## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00





, COR ANNU	FILE NOW: FILING FEE AI  PROFIT CORPORATION INNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS		FILED May 02 1997 8:00an Secretary of State	
•	MENT # <b>J936</b> NE COMPANIES, INC.	15	(9)			
Principal Place of Business % FRED SANDLIN 5606 US 27 N. STE 106 SEBRING FL 33670			alling Address FRED SANDLIN 6 US 27 N. STE 106 BRING FL 33870-1211			
US		US			3. Date Incorporated or Qualified 09/18/1987	3a. Date of Last Report 03/22/1996
'	lace of Business	2a.	Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.		26	Suite, Apt. #, etc.		59-2844403	Not Applicable  S8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Zip	Gountry	8. This corporation has liability for	intangible tax under s. 199.032, Yes No
24	25] 9. Name and Address of 0	29    Current Regis	lered Agent	30	Florida Statutes  10. Name and Address of New Re	
A4100 0-		State of Lier	ta. Such change wee	authorized by the core	pration's board of directors. I become acce	purpose of changing its registered
office or r agent. I a SIGNATURE	am familiar with, and accept the			authorized by the corp- forida Statutes.	corporation submits this statement for the oration's board of directors. I hereby acce required when reinstating)	purpose of changing its registered parties
SIGNATURE	Signature, typed or printed name of regis		if applicable (NC	OTE: Registered Agent signature		DATE CERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of regis OFFICES D SANDLIN, FRED 5606 US 27 NORTH	lored agent and title	if applicable (NC	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of regis OFFICE D SANDLIN, FRED	lored agent and title	if applicable (NC	13. 1.1 TILE 1.2 NAME	required when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDLIN, FRED 5606 US 27 NORTH SEBRING FL D GAINES, ROBERT	lored agent and title	it applicable (NC CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	required when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Additio
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