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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

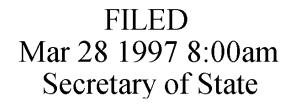
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K07642

(7)

ARIE & NANCY ENTERPRISES, INC.





Principal Place of Business 258 PORTLAND AVE. SPRING HILL FL 34606		Mailing Addre	Mailing Address			s rannigist der dasse soneit anne side midte neme nort neme atom acute name.			
		258 PORTLAND AVE. SPRING HILL FL 34806-6423							
						.s. Date Incorporated or Qualific		ate of Last 15/1996	Report
2. Principal f	Place of Business	2a. Mailing Ad	ldress			4. FEI Number 59-2879125			Applied For
Suite, Apt.	# p(r)	26 Suite, Apt.	# etc			09.5019150			Not Applicable Additional
22 Suite, Apr.	n, vite	27	w, 010.			5. Certificate of Status Desired			Additional Required
City & Sta	de	City & Stat	e			6. Election Campaign Financin)	\$5.0	May Be
23		28				Trust Fund Contribution		Adde	lo Fees
Zip	Country	Zip	<u> </u>	Country	•	8. This corporation has liability			s. 199.032,
24	25	29	30	L		Florida Statutes 10. Name and Address of New	Yes		
# pas 2	g, Name and Address of Cu	rrent Registered Agen	IL	81	Name	10. Name and Address of New	uadistelau	Agent	
	L, ARIE E.			ļ	Į.		···		
	258 PORTLAND AVENUE SPRING HILL FL 34606			82	Street Add	dress (P.O. Box Number is Not Acce	otable)		
311	त्रारक राज्या च्या व्यवस्य			83					***********
				84	City		<u> </u>	85 Zip	Code
44 ()	La A a real colonia of Control Con	0100 - 14 607 4500 51	neido Ca-a-a-	ibo et a :		rporation submits this statement for t	FL		ito englistare d
office or	registered agent, or both, in the Sam familiar with, and accept the of	tate of Florida Such ch	iange was auth	orized by	the corpora	ation's board of directors. I hereby a	cept the app	pointment a	s registered
SIGNATURE	Stippet ine, typed or posited name of registeres	d agont and tille if acralicable	(NOTE: Ho	pisterad An	ent signature requi	ulred when reinstating)	DATE		
12.		AND DIRECTORS	110.11.110	13,		ADDITIONS/CHANGES TO O		D DIRECTO	PRS IN 12
LILLE	P		DELETE	1.1 TITLE				Change	
NAME	HILL, ARIE E.			1.2 NAME]				
STHEET ADDRESS				1.3 STREET	ADDRESS				
CITY - 51 - 2IP	SPRING HILL FL			1.4 CITY-S	ST-ZIP				
TITLE	VST		DELETE	2.1 TITLE				Change	Addition
NAME	HILL, NANCY E.			2.2 NAME					
STREET ADDRESS	258 PORTLAND AVE.			2.3 STREET	i i		*1 _{1.1}		
CHY - \$1 - ZIP	SPRING HILL FL		OF LETE	2.4 CITY-	ST-ZIP				4.700
TIT,F		LJ	DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME	1100000				
STREET ACHIRES				3.3 STREET	- 1				
City St-709			DELETE	34. City-	SI-ZIP			Change	Addition
NAME		LJ	PECTIC	4.2 NAME				Onango	, L. Addition
STREET ADORESS					ADDRESS				
City-St 2if				4.3 STREET					
TITLE			DELETE	5.1 TITLE	27 - 4.11			Change	Addition
NAME		_		5.2 NAME	1				
STREET ADDRESS				53 STREET	ADDRESS				
City-St-7IP				5.4 City-S					
Till!			DELETE	6.1 TITLE				Change	Addition
NAM:				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY - ST. ZIP				6.4 CITY-5					
WELL OF THE	1			U.7 VIII "	, en				

14. I do 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 armual 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 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.