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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandrie B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K16570

(9)

FILED May 16 1997 8:00am Secretary of State

		Mailing Address POST OFFICE BOX TO WINTER GARDEN FLUS				ite of Last Report	-
				3. Date Incorporate 02/29/1988	I	15/1996	
2. Principal P	lace of Business	2a. Mailing Address	S	4. FEI Number		Applied F	or
Ī		26		59-2885317		Not Appli	cable
Suile, Apt	#, etc.	Suite, Apt. #, et	C.	5. Certificate of Sta	alus Desired	\$8.75 Addition Fee Required	nal
City & Stati	8	City & State	:	6. Election Campa Trust Fund Cont	· -	\$5.00 May B Added to Fees	
Ζιμ	Country	Zip	Country	8. This corporation	has liability for intangible	tax under s. 199.03	32.
]	25	29	30	Florida Statutes	Yes [] No	
	9. Name and Address of Curre	ent Registered Agent			ress of New Registered A	Agent	
VAN	DEVENTER, THEODORE H.		81 Na	ame			
120	E. MAPLE ST		82 St	reet Address (P.O. Box Number	is Not Acceptable)		
WIN	ter garden fl 34777						
	•		83				
			84 Ci	ity		85 Zip Code	
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· ·	egistered agent, or both, in the Stat m familiar with, and accept the oblig	le of Florida. Such change gations of, Section 607.05	Statutes, the above-natives authorized by the 05, Florida Statutes.	med corporation submits this sta e corporation's board of directors	atement for the purpose of it hereby accept the appoint in the second i	changing its registe ointment as registe	terec red
SIGNATURE 2.	Styristime typed or printed name of registered er OFFICERS AI		(NOTE: Registered Agent sig	gnature required when reinstating) ADDITIONS/CHA	DATE NGES TO OFFICERS AND	DIRECTORS IN 1	<u></u>
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The mereby century that the information supplied with this iming does not quality 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 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:

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