## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

· ·	MENT # K1717  CONTRACT  CO	• •						
Principal Plac	e of Business	Mailing Address			- F SECTORIN TO SITE OF SIDE SIDE SIDE SIDE	YISH OISH BID	(f <b>6</b> 488) <b>6</b> 181( 1	31811 1801
2855 OCEAN DRIVE SUITE C5 VERO BEACH FL 32963		P O BOX 3613 P O BOX 3613 VERO BEACH FL 32964		DO NOT WRITE				
US		U\$			3. Date Incorporated or Qualified	1	e of Last R	tebou
2. Principal P	Place of Business	2a. Mailing Address			03/07/1988 4. FEI Number		9/1996 Ar	oplied For
21		26		65-0032044		<del></del>	ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	Additional	
22		27		v. Confidence of otatos pesified		Fee Re	equired	
City & State		City & State		6. Election Campaign Financing			May Be	
23		Zip Country			Trust Fund Contribution			to Fees
Zip 24	Country 25	29	Country 30		Personal Property Tax due June	owes or has paid the current year Intangible 7 Tax due June 30.		
24]	9. Name and Address of Cur		301		10. Name and Address of New Re			
GAR	CIA, ARTURO L.		81 N	lame				
640 16TH STREET			<b>82</b> S	troot Add	ress (P.O. Box Number is Not Acceptat	olo)		· · · · · · · · · · · · · · · · · · ·
VERO BEACH FL 32980			102 3	II BB! AGGI	ess (F.O. Box Number is Not Acceptat	no j		
			83					
			84 0	ity		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607 (	1502 and 607.1508. Florida Statu	tes, the above-na	amed corr	poration submits this statement for the p	ourgose of	L L Changing I	ts registered
office or	registered agent, or both, in the Stram familiar with, and accept the ob-	ate of Florida. Such change was	authorized by the	e corporat	tion's board of directors. I hereby acce	ot the appo	intment as	registered
•	arn taminar with, and accept the ob	ligations of, Section 607.0005, Fi	onda Statutes.					1
SIGNATURE	Signature, typed or printed name of registered	agont and title if applicable (NO	TE Registered Agent 6	gnature requi	red when reinstating)	DATE		
12.	<del></del>	ICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELETE	1.1 TITLE			Į	Change	Addition
NAME	GARCIA, ARTURO L.		1.2 NAME					
STREET ADDRESS	640 16TH STREET		1.3 STREET ADD	i				j
CITY-ST-ZIP	VERO BEACH FL	DELETE	1.4 CiTY-ST-Zi	P			Change	Addition
TITLE	D   Garcia, Ruth A.	L_ DELETE	2.2 NAME				0.00.190	//downsii
NAME Street Address	640 16TH STREET		2.3 STREET ADD	JRESS				
CITY-ST-ZIP	VERO BEACH FL		2. 4 CITY - ST - Z					
TITLE	1000000000	DELETE	3.1 TITLE	<del></del>			Change	Addition
NAME			3,2 NAME					
STREET ADDRESS			3.3 STREET ADD	RESS				
CITY-ST-ZIP			3.4. CITY-ST-Z	IP				
TITLE		☐ DELETE	4.1 THILE			f	Change	Addition Addition
NAME	j		4. 2 NAME					,
STREET ADDRESS	İ		4.3 STREET ADD	RESS				
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZI	P			Changa	Addition
TITLE		☐ ptreit	5.1 TITLE			L	] Change	ADUIIDII
NAME OFFICE APPRICACE			5.2 NAME	neree				
STREET ADDRESS			5 3 STREET ADD					
CITY-ST-ZIP TITLE			5.4 CITY-ST-Z	-			Change	Addition
NAME		that receive	6.2 NAME				_ •	
STREET ADDRESS			6.3 STREET ADD	RESS				
J, 100 1 1 10 91 10 00	1		1	· 1				

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 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 of he 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.

8-10-97

5701-231-5481

**FILED** 

Aug 19 1997 8:00am

Secretary of State