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 #

K22272

(4)

SOILEAU ACCOUNTING MANAGEMENT, INC.

FILED Feb 04 1997 8:00am Secretary of State



Principal Place N NNA O. SO 3229 HWY 17 GREENCOVE S	ALEAU N PGS FL 32043	3229 HWY 17 N GREENCOVE SPGS	% NINA O. SOILEAU 3229 HWY 17 N GREENCOVE SPGS FL 32043-9372			3. Date Incorporated or Qualified 04/27/1988 04/15/1996			
2. Philippa Fi	ace of Business	2a. Mailing Address				4. FEI Number 59-2895871		} -	oplied For ot Applicable
Suite Apt.	#, etc		Suite, Apt. #, etc.					\$8.75	
22				5. Certificate of Status Desired		Fee Re	equired		
City & State	9	City & State	·			6. Election Campaign Financing \$5.00 May Be			
Zip Country		[28]	Z(p Country			Trust Fund Contribution			
24	25	29	30					tax under s] No	. 199.032,
	9. Name and Address of C		1991			10. Name and Address of New Re			
SOI	LEAU, JOHN	V 1 PA 1 PA		81	Name				
	9 HWY 17 N		82 Street Ad		Street Addre	ess (P.O. Box Number is Not Acceptat	ole)	······································	
GRE	EN COVE SPS 32043		83						
			· ·			······································		···-	
				B4	City		FL	85 Zip	Code
agent La SiGNATURE	m familiar with, and accept the Signaria: 149 compart dinance of registr	obligations of, Section 607.050 Prolago Lancille if applicable S AND DIRECTORS	(NOTE Registered	utes.		on's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTOR	RS IN 12
71116	VP	☐ OELET	☐ OELETE 1.17I					Change	Addition
NAMé	SOILEAU, NINA			ME					
STREET ADDRESS	SIST TO STORE THE				ADORESS				
CHTY - ST - ZHF THLE	ORANGE PK FL	DELETE 21T		Y-ST	-ZIP			Change	Addition
NAME	P Soileau, John			22 NAME				ondings	- Tourion
STREET ADDRESS			•	2.3 STREET ADDRESS					
CITY - \$1 - 712	ORANGE PK FL			2 4 CITY-ST-ZIP					
TITLE	7.7.354			3.1 TITLE				Change	Addition
NAME	3.21		3.2 NA	3.2 NAME					ļ
STREET ADDRESS				3.3 STREET ADDRESS					
CHY-ST-ZiF			TY - \$1	T- ZIP			☐ Change	Addition	
TITLE							TT CHANGE	□ Value	
NAME STREET ADORESS			4.2 M		ADDRESS				ľ
City-St-2#			4.3 S						
THE		DELETE 5.11					· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			5.2 NA	ME					ļ
STREET ADDRESS			5.3 ST	REET A	ADDRESS				
C-TY - ST - ZiP			5.4 CI	17-51	i - ZIF			T" 1 a.	77.
TILLE		[_] DELET						L Change	Addition
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
Ciffy-ST-ZiP	no partil attent the information of	reglied with this films done not	6.4 Cf			t in Section 119 07(3)(i) Florida Statute	e Liturthou	cortify that	tho

Loo nereby certify that the intermation 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 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:

Daytime Phone #