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

1.	Corporation	Пидпис	# K3690 estate, inc.	2	(0)					1 MARIEN (SAT 1000 S (101 A S (11 A S	. A. B. (B. (B. (B.)	1 845)† 848); 845)	Bisis iati
<u> </u>												(
Principal Place of Business Mailing Address										I NOOTOFAL DAY FIRST DATE AND FORE SHE	#1811 B181	ıı Bibil Bibil Hikil	Blatt (BB)
7045 US HWY 301 SO RIVERVIEW FL 33569					7045 US HWY 301 SO Riverview Fl 33569-4344								
									-	Date Incorporated or Qualified	79. [Date of Last R	enort
									3.	10/06/1988		1/30/1996	epoit
2.	Principal Pl	lace of Busin	Mailing Address	ling Address			4.	FEI Number			plied For		
21	21				26				59-2914700 Not Applicable				
	Suite, Apt. #, etc. □				Suite, Apt #, etc.			5.	Certificate of Status Desired		\$8.75 / Fee Re	Additional	
22	City & State				27 City & State				+-	Election Campaign Financing		\$5.00	
23	e., e e				28				"	Trust Fund Contribution		Added 1	
	Zip	Country			Zip Country			······································	8.	This corporation has liability for	intangib	le tax under s	. 199.032,
24			25	29		30						□ No	
<u> </u>			and Address of Curr	ent Regis	tered Agent		T		10.	Name and Address of New Re	gistered	d Agent	
		, MARY H				•	31	Name					
3420 KEYSVILLE RD							32	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
LITHIA FL 33547						E	83						
ļ						Ļ							
							- 1	City			FI	L I I '	Code
11	. Pursuant t	to the provis-	ons of Sections 607.05	502 and 6	07.1508. Florida Statut	les, the abo	ve-	named corp	oratio	on submits this statement for the p board of directors. I hereby accep	urpose	of changing it	s registered
	agent. La	egistered ag m familiar wit	ent, or both, in the Sta th, and agcept the obt	igations of	f, Section 607.0505. Fi	orida Statu	tes.	ine corporati	IOHS	board or directors, i hereby acces	or the ac	pointment as	registered
SI	GNATURE .	mas	M N MMM or Amed name of registered a	<i>V</i>	MARY H.	(eill					1/0/	197_	
12		Signature Myura	OFFICERS A			13.	Agent	t signature require		ADDITIONS/CHANGES TO OFFIC	ERS AN	ID DIRECTOR	IS IN 12
-	i.E	PD			DELETE	1.1 TITL	E					Change	Addition
NA.	ME	GILL, MA	RY H			1.2 NAM	1E						
SI	REET ADDRESS		(SVILLE RD			1.3 STR	EET AI	DDRESS					
Ci	TY+ST-ZIP	LITHIA FI	_ 33547			1.4 CITY	- ST-	- ZIP					
}	LΕ	VTD	0051105		DELETE	2.1 7176						Change	Addition
	ME		LORENCE			2.2 NAM		DDGEOG					
	REET ADDRESS	8844 BLI	55 MU 'ON FL 33534					DDRESS					
	Y-ST-ZIP LE	CIDOCITI	OIT I E OUGST	· · · · · · ·	☐ DELETE	2 4 CIT		- 11				Change	Addition
	ME					3.2 NAM							
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ı	REET ADOHESS							DORESS					
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	.ME Reet address					5.2 NAA 5.3 STR		DDRESS					
1	KEET AUUHESS TY+ST-ZIP					5.4 CITY							
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ı	ME					6 2 NAM						-	
ł	REET ADDRESS					6.3 STR	FFT A	ODBESS					

14. I do hereby certify that the information supplied with this filing 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Jan 17 1997 8:00am

Secretary of State