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

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K47130

(5)

| FILED              |
|--------------------|
| Apr 21 1997 8:00am |
| Secretary of State |

| Principal Place 951 DOGTRAC PENSACOLA F  | K AD.  | Mailing Address<br>5040 CHANDELLE DRIV<br>PENSACOLA FL 325074<br>US   |   |  |   |                                     |
|--|--|---|---|--|---|-------------------------------------|
|  |  | •   |   | 3. Date Incorporated or Qualified 11/23/1988   | 3a. Date of Last<br>05/01/1996                    |                                     |
| 2. Principal Place of Business   |  | 2a. Mailing Address   |   | 4. FEI Number  |   | Applied For                         |
| Sulte, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   | 59-2934784   | ¢9.7  | Not Applicat  Additional            |
| 22   | •  | 27  |   | 5. Certificate of Status Desired   |   | Required                            |
| City & State   |  | City & State  |   | 6. Election Campaign Financing   |   | <b>0</b> May Be                     |
| Zip  | Country  | 7 <sub>(p</sub>   | Country   | Trust Fund Contribution  8. This corporation has liability for   |   | d to Fees                           |
| 24   | 25   | 29  | 30  |  | Yes No  | 8. 195.002.                         |
|  | <ol><li>Name and Address of Curre<br/>AWITZ, PAUL S.</li></ol>   | ent Registered Agent  | 81 Name   | 10. Name and Address of New Ro   | egistered Agent                                   |                                     |
| 11. Pursuant   | to the provisions of Sections 607.05   | 000 and 007 t/ 09 f lavida Cto  | 84 City   |  | FL   "  | p Code                              |
|  | registered agent, or both, the Statement amiliting with any accept the any   | to of Florida, Such change wa<br>gations of, Section 417,0505,  | Iules, the above-named constant authorized by the corpora Florida Statutes.  PAUL S. Venue  | rporation submits this statement for the ation's board of directors. I hereby acce   | purpose of changing optithe appointment a         | j its register<br>as registere<br>r |
| office or r<br>agent. I a<br>SIGNATURE   | Tank I to the state of the stat | yar and our Tubo, Florida Sia<br>to of Florida, Such change wa<br>gations of, Section 117,0505,<br>we at and life if application (h<br>ND DIRECTORS | Iules, the above-named cors authorized by the corpora Florida Statutes.  PAUL S, KRAW  Ott Fregisireo Agent signature requestions.  13.   | rporation submits this statement for the lation's board of directors. I hereby acce  OTZ PRESIDENT  ulred when reinstating)  ADDITIONS/CHANGES TO OFFICE | 4-9-97  |                                     |
| SIGNATURE  | OFFICERS A   | Campo (h  | PAUL S, KRAW<br>NOTE Finguistree Agent signature requ<br>13.  | VITZ, PRESIDENT  | 4-9-97  | ORS IN 12                           |
| SIGNATURE  12.  TITLE  NAME  | OFFICERS AI KRAWITZ, PAUL S.   | Rent and title if applicately (ND DIRECTORS   | PAUL S, KRAW NOTE Preprisires Agent signature requ 13. 1.1 TELF 1.2 NAME  | VITZ, PRESIDENT  | 4-9-97<br>DATE<br>CERS AND DIRECTO                | ORS IN 12                           |
| SIGNATURE  12.  1ITLE NAME STREET ADDRESS  | OFFICERS A   | Rent and title if applicately (ND DIRECTORS   | PAUL S, KRAW  OTE Propisione Agent signature requ  13.  1.1 TELF  1.2 NAME  1.3 STREET ADDRESS  | VITZ, PRESIDENT  | 4-9-97<br>DATE<br>CERS AND DIRECTO                | ORS IN 12                           |
| SIGNATURE  12.  TITLE  NAME  | D KRAWITZ, PAUL S. 5040 CHANDELLE DRIVE  | Rent and title if applicately (ND DIRECTORS   | PAUL S, KRAW NOTE Preprisires Agent signature requ 13. 1.1 TELF 1.2 NAME  | VITZ, PRESIDENT  | 4-9-97<br>DATE<br>CERS AND DIRECTO                | ORS IN 12                           |
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Block of charged on attachnorth with an address.

Jan S. Nawt D. PAU S. KRAWITZ 4-9-97 (904)455-5626