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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K50829

(6)

PBA OF NORTHWEST FLORIDA, INC.

FILED
May 09 1997 8:00am
Secretary of State

		Mailing Addri	ess							
123 STAFF DR FT WALTON BEACH FL 32548		FT WALTON E	123 STAFF DR FT WALTON BEACH FL 32548-5001							
U\$		US					3. Date Incorporated or Qualified 12/12/1988	3a. Date o		eport
	Place of Business	2a. Mailing Ad	ddress				4. FEI Number		Ap	plied For
21		26	4 -1-				59-2908714		 -	t Applicable
Suite, Ap	it #, Oto	Suite, Apt	. #, etc.				5. Certificate of Status Desired		Fee Re	Additional autred
City & St	lade	City & Sta	de				6. Election Campaign Financing	······	\$5.00	······
23		28					Trust Fund Contribution		Added t	
Zip	Country	Žip		Coul	ntry		8. This corporation has liability for			199.032
24	[25]	29		30				Yes N		
	9. Name and Address of Curr	ent Hegistered Ager	nı		81	Name	10. Name and Address of New Re	gistered Age	nt	
	ILAN, DONALD F.			Ł	<u>"</u>					
	23 STAFF DR I WALTON BEACH FL 32548			[62	Street Addr	ress (P.O. Box Number is Not Acceptat	le)		
г	I WALTUN DEAUN FL 32340			}	83		***************************************	<u></u>		
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				į	84	City		FL	5 Zip (Code
agent SIGNATURI	I am tamiliar with, archancem the obli	Mulano	107.0505, FIG	ILD J	utes	MILAI	poration submits this statement for the ption's board of directors. I hereby accept	1/28/	97	
	Separative Typed or printed name of registered a		(NOT		Agen	1 signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DECTOR	O (b) 40
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	IENO AND DI	RECION	IO IN IZ
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Little 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 inocated 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:

TOTAL ONE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-28-97 904-243-1018
Date Date Photos P