FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

• PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Sandra B. Mortham

Secretary of State

	1997		<i>y</i>	DIVISION OF	tary of State		······································		Sec	reta	ary	of S	tate
	DAST FINANCI	<56020 AL CORP. OF	Mailing P.O. BO	(6) ORIDA KEY Address OX 2335 COLA FL 32513-2	<u></u>								
PENSACOLA FL US	. 32501		US	OODA 1 E WESTER					ncorporated or (Qualified		ate of Last P	eport
2. Principal Pla 21	ace of Business		28. Mai	ing Address	233	5		4. FEI No				A	oplied For ot Applicable
Suite, Apt 1	#, els		Suit	te, Apt. #, etc.		-			cate of Status D	esired	X	\$8.75	Additional additional
City & State	>			y & State				1	on Campaign Fir	_		\$5.00	May Be
23 Ζιρ	Co	untry	Zip		Cou	intry			Fund Contribution orporation has li	iability for		e tax under s	to Fees . 199.032,
24	25 Name and Ac	Idress of Current	29 Registered	d Agent	30	····			a Statutes and Address o	<u>-</u>		Agent	
LUK	KAR, PAUL A.					81 Na	ıme						
730	BAYFRONT PKW	Y				62 Str	reet Addr	ress (P.O. Bo	x Number is No	t Accepta	ıble)		
	ie 4-a Sacola fl 3251	12				83		<u></u>					
	SACOLA IL SESI											85 Zip	Code
FEN						84 Cit	w						
		50.000	1005	FAX 5. 11.00		84 Cit	•		alta this atatama	ni fariha	FL	_ ' '	
	to the provisions of egistered agent, or	Sections 607.0502 both, in the State of	and 607.19 of Florida. S	508, Florida Sta Such change wa	tutes, the a	1 1	•	ooration subm tion's board o	nits this stateme of directors. I he	nt for the reby acce	purpose o	_ ' '	
11. Pursuant to office or reagent. Lan	to the provisions of egistored agent, or m familiar with, and					bove-nar d by the tutes.	med corp corporat			nt for the reby acce	purpose o	_ ' '	
11. Pursuant t office or re agent Tai SIGNATURE	to the provisions of egistered agent, or m familiar with, and Signatur, typed or parties	riams of registered again	t and title if app	nicable (N	NOTE: Registere	bove-nar d by the tutes.	med corp corporat	red when reinstatin	ng)		purpose of put the ap	of changing I	ts registered registered
11. Pursuant to office or reagent. Lan			t and title if app	nicable (N		bove-nar d by the tutes.	med corp corporat	red when reinstatin			purpose of put the ap	of changing I	ts registered registered
11. Parsuant to office or no agent it an SIGNATURE 12.	Stry abin , byped or peables D LUKKAR, PAUL	OFFICERS AND	t and title if app	niicable (N	NOTE: Registere 13. 1.1 Till 1.2 N	bove-nar d by the tutes. d Agent sign	med corp corporat	red when reinstatin	ng)		purpose of the ap	pointment as	ts registered registered
11. Pursuant to office or reagent 1 ar SIGNATURE 12. HITCH NAME STREET ADDRESS	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	niicable (N	NOTE: Registere 13. 1.1 Ti 1.2 N 1.3 S	bove-nar d by the lutes. d Agent sign TILE AME	med corporations require require	red when reinstatin	ng)		purpose of the ap	pointment as	ts registered registered
11. Pursuant toffice or reagent Far SIGNATURE 12.	Stry abin , byped or peables D LUKKAR, PAUL	OFFICERS AND A. INGE CIRCLE	t and title if app	niicable (N	NOTE: Registere 13. 1.1 Ti 1.2 N 1.3 S	bove-nard by the lules. d Agent signification of the lules and the lules are lules. TILE AME TREET ADDR	med corporations require require	red when reinstatin	ng)		purpose of the ap	pointment as	ts registered registered
11. Pursuant to office or reagent 1 ar SIGNATURE 12. THE NAME STREET ADDRESS CRY ST ZP	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	RS DELETE	NOTE: Registere 13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci	Dove-nard by the lutes. d Agent sign TILE AME TREET ADDR TITY-ST-ZIP	med corporations require require	red when reinstatin	ng)		purpose of the ap	of changing in pointment as	ts registered registered
11. Pursuant to office or reagent Tar. SIGNATURE 12. THE NAME STREET ADDRESS CITY STOZE HILE	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	RS DELETE	NOTE: Regulare 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N	Dove-nard by the lutes. d Agent sign TILE AME TREET ADDR TITY-ST-ZIP	med corporat	red when renstati	ng)		purpose of the ap	of changing in pointment as	ts registered registered
11. Pursuant to office or reagent it an SIGNATURE 12. THO NAME STREET ADDRESS CITY STOZIP THE NAME STREET ADDRESS CITY STOZIP THE STREET ADDRESS CITY STOZIP	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	RS DELETE	NOTE: Registeres 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 (DOVE-NAR of by the tutes. d Agent sign TILE AME TREET ADDR TITY-ST-ZIP TILE AME TREET ADDR TREET ADDR	med corporation corporation requirements req	red when reinstatin	ng)		purpose of the ap	of changing in pointment as	ts registered registered RS IN 12 Addition Addition
11. Pursuant to office or reagent it an agent it an signature. 12. The name street abovess city strate in address	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	RS DELETE	NOTE: Regulares 13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci 3.1 Ti	Dove-nard by the tutes. It Agent significant signific	med corporation corporation requirements req	red when renstati	ng)		purpose of the ap	of changing in pointment as	ts registered registered
11. Pursuant to office or reagent 1 are signature. 12. The name street abovess city strong s	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	RS DELETE	NOTE Requitered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N	Dove-nard by the tutes. It Agent significant signific	med corporation corporation requirements req	red when renstati	ng)		purpose of the ap	of changing in pointment as	ts registered registered RS IN 12 Addition Addition
11. Pursuant to office or reagent it an agent it an signature. 12. The name street abovess city strate in address	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	RS DELETE	NOTE Requiterer 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S	Dove-nard by the tutes. In Agent sign of Ag	med corporation corporation requirements requirements.	red when renstati	ng)		purpose of the ap	of changing in pointment as D DIRECTOI Change Change	ts registered registered RS IN 12 Addition Addition
11. Pursuant to office or reagent it at signature. 12. The name street adoress city strope the same street address city strope the same street address city strope the same street address street addres	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	RS DELETE	NOTE Requiterer 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S	Dove-ner of by the tutes. In Agent significant signif	med corporation corporation requirements requirements.	red when renstati	ng)		purpose of the ap	of changing in pointment as	ts registered registered RS IN 12 Addition Addition
11. Pursuant to office or reagent it at agent it at signature. 12. The name street address city strope that somess city strope the street address city strope it. Street address city strope it.	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	PRS DELETE DELETE DELETE	NOTE: Requiterer 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 I 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 I	DOVE-NAME DOVE-NAME THE AME TREET ADDR TITE AME TREET ADDR TITE TREET ADDR	med corporation requirements requirements. RESS RESS P	red when renstati	ng)		purpose of put the ap	of changing in pointment as D DIRECTOI Change Change	ts registered registered RS IN 12 Addition Addition
11. Porsuant to office or reagent i an SIGNATURE 12. THE NAME STREET ADDRESS CITY STOZIP THE NAME STREET ADDRESS	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	PRS DELETE DELETE DELETE	NOTE Requitere 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 (3.1 T 3.2 N 3.3 S 3.4 (4.1 T 4.2 I 4.3 S	DOVE-NAME TREET ADDR TILE AME TREET ADDR TILE AME TREET ADDR TILE TREET ADDR TREET ADDR	med corporation requirements requirements. RESS RESS P RESS P	red when renstati	ng)		purpose of put the ap	of changing in pointment as D DIRECTOI Change Change	ts registered registered RS IN 12 Addition Addition
11. Porsuant to office or reagent 1 are signature 12. The name street adoress cary struct address cary struct and the street address cary struct and the street address cary struct and the street address cary struct address cary structure.	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	PRS DELETE DELETE DELETE	NOTE Requitere 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 (3.1 T 3.2 N 3.3 S 3.4 (4.1 T 4.2 I 4.3 S	DOVE-NAME TREET ADDR TILE AME TREET ADDR	med corporation requirements requirements. RESS RESS P RESS P	red when renstati	ng)		purpose of put the ap	of changing in pointment as D DIRECTOI Change Change	ts registered registered RS IN 12 Addition Addition
11. Porsuant to office or reagent Tar SIGNATURE 12. THE NAME STREET ADDRESS CITY STOZIP THE NAME STREET ADDRESS	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	DELETE DELETE DELETE	NOTE: Requiterer 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 I 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 I 4.3 S 4.4 C	DOVE-NAME THEET ADDR	med corporation requirements requirements. RESS RESS P RESS P	red when renstati	ng)		purpose of put the ap	of changing in pointment as D DIRECTOI Change Change Change Change	ts registered registered RS IN 12 Addition Addition Addition Addition
11. Porsuant to office or reagent Ten signature 12. The name street adoress cary so zip the families street address cary so zip the families so zip so zip so zip the families so zip so zip so zip the families so zip so	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	DELETE DELETE DELETE	NOTE Requiters 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 (3.1 T 3.2 N 3.3 S 3.4 (4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N	DOVE-NAME THEET ADDR	med corporation requirements requirements requirements. RESS P RESS P	red when renstati	ng)		purpose of put the ap	of changing in pointment as D DIRECTOI Change Change Change Change	ts registered registered RS IN 12 Addition Addition Addition Addition
11. Pursuant to office or reagent 1 are signature 12. The hame street address city state taboress city st	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	DELETE DELETE DELETE DELETE	NOTE Requiters 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 () 3.1 T 3.2 N 3.3 S 3.4 (1 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	DOVE-DAY DOVE-DAY DOVE-DAY DAY DAY DAY DAY DAY DAY DAY	med corporation requirements requirements. RESS P RESS P RESS RESS	red when renstati	ng)		purpose of put the ap	of changing in pointment as D DIRECTOI Change Change Change Change	ts registered registered RS IN 12 Addition Addition Addition Addition
11. Pursuant office or reagent Variagent Varia	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	DELETE DELETE DELETE	NOTE Requiterer 13. 1.1 Ti 12 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 (3.1 T 3.2 N 3.3 S 3.4 (4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	DOVE-DAY DOVE-DAY DOVE-DAY DOVE-DAY DAY DAY DAY DAY DAY DAY DAY	med corporation requirements requirements. RESS P RESS P RESS RESS	red when renstati	ng)		purpose of put the ap	of changing in pointment as D DIRECTOI Change Change Change Change	ts registered registered RS IN 12 Addition Addition Addition Addition
11. Pursuant office of reagent Variagent Varia	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	DELETE DELETE DELETE DELETE	NOTE Requiterer 13. 1.1 Ti 12 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 (3.1 T 3.2 N 3.3 S 3.4 (4.1 T 4.2 t 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	DOVE-DAY DOVE-DAY DOVE-DAY DOVE-DAY DAY DAY DOVE-DAY DAY DOVE-DAY DAY DOVE-DAY DAY DAY DAY DAY DAY DAY DAY	med corporation requirements requirements requirements. RESS P RESS RESS RESS	red when renstati	ng)		purpose of put the ap	of changing in pointment as D DIRECTOI Change Change Change Change	ts registered registered RS IN 12 Addition Addition Addition Addition
11. Pursuant office or reagent Variagent Varia	D LUKKAR, PAUL 6838 STONEHE	OFFICERS AND A. INGE CIRCLE	t and title if app	DELETE DELETE DELETE DELETE	NOTE Requiters 13. 1.1 Ti 12 N 1.3 S 1.4 C 2.1 Ti 22 N 2.3 S 2.4 I 3.1 T 32 N 3.3 S 34 (4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S	DOVE-DAY DOVE-DAY DOVE-DAY DOVE-DAY DAY DAY DAY DAY DAY DAY DAY	med corporation requirements requirements. RESS RESS P RESS RESS RESS	red when renstati	ng)		purpose of put the ap	of changing in pointment as D DIRECTOI Change Change Change Change	ts registered registered RS IN 12 Addition Addition Addition Addition