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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K61425

(0)

Principal Place	o of Business	Mailing Address							
25725 EXMOOR DR. SORRENTO FL 32776		25725 EXMOOR DR. SORRENTO FL 32776-8052						•	
					3. Date Incorporate	ed or Qualifie	d 3a. [Date of Last F	Report
					01/23/1989		08	/12/1996	
-ŋ ·	ace of Business	2a. Mailing Address			4. FEI Number	_			pplied For
1 Suite, Apt. #, etc		26 Suite. Apt. #, etc.			59-2930484	<u> </u>	***************************************		ot Applicable
2		27			5. Certificate of Sta	itus Desired			Additional equired
City & State		City & State		····	6. Election Campai				May Be
3] Z ip	Country	28 Zip	Cou	intry	Trust Fund Cont 8. This corporation		or intendibl	~	to Fees
4]	25	29	30		Florida Statutes	rias napility i	Yes Yes		s. 189.03∠,
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Add	ress of New	Registered	Agent	
	rison, Marilyn L			B1 Same	1 A. CAM	NO.			
	5 EXMOOR DR.			82 Street Add	ress (P.O. Box Number				
SOR	RENTO FL 32776			83 7.3 4	4 J/L ~86	31	(o)		
				84	Paak		FL	85 Zip	Code
11. Pursuant i	o the provisions of Sections 607.	0502 and 607 1508, Florida Statu tate of Florida, Such change was	tes, the al	pove-named cor	poration submits this sta	tement for th	e purpose (of changing i	ts registered
office or re agent Tag	egistered agent, or both, in the Si I fair ar with, and accept the of	tate of Florida. Such change was oligations of Rection 607.0505, F	authorizea Iorida Stat	d by the corpora	tion's board of directors	. I hereby ac	cept the ap	pointment as	registered
Ť	110 6	(2L 2)	1.00	C)		18/97			
SIGNATURE			416 -		• • • • • • • • • • • • • • • • • • • •				
	Signature, typed or p 🐠 : name of registored			d Agent signature requi	ired when reinstating)		DATE		
12.	OFFICERS	AND DIRECTORS	13.		red when reinstating) ADDITIONS/CHAI				
IZ.	OFFICERS PD		13. 1.1 Ti	TLE	ired when reinstating)			D DIRECTOR	RS IN 12
I 2. Uilf Iame	PD MORRISON, DON	AND DIRECTORS	13. 1.1 TI 1.2 N	TLE.	ired when reinstating)				
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SIGNATURE:

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Secretary of State