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

FILED Apr 21 1997 8:00am Secretary of State

L. W. UT		(3) Mailing Address 4004 N.E. BARTON TERRA ARCADIA FL 34266-5859	ICE			
บร				3. Date Incorporated or Qualified 01/30/1989	3a. Date of t	•
2. Principal Pl	lace of Business	2a. Mailing Address	2	4. FEI Number	1 O HEET 10	Applied For
21 5905 1		26 4004 NE. E	ARTON Jero	59-2925914		Not Applicable
Suite, Apt	# etc. /	Suité, Apt. #, etc.		5. Certificate of Status Desired	1 1 '-	.75 Additional ee Required
23 ACAZ	SIA, FL. 34266	City & State 28 APC ADIA	-L. 34266	Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
24 342	66 25 USA	29 34266	Country 30 U.S.A.	7741144 01414500	Yes Z No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
	rden, ralph h		81 Name			į
4004 N.E. BARTON TERRACE 82 Street Av				fress (P.O. Box Number is Not Acceptable)		
ARCADIA FL 33821						
			[05]			
			84 City		FL 85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
12.	Signature type of or printed name of registered agents OFFICERS AND		E Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRE	CTORS IN 12
TITLE	D	DELETE	1.1 TITLE			CTORS IN 12 Spange Addition
NAME	BEARDEN, CAROLYN W.		1.2 NAME			
STREET ADDRESS	4004 N.E. BARTON TERRACE		1.3 STREET ADDRESS			(8
CITY ST-ZIP	PUNTA GORDA FL		1.4 CiTY - ST - ZiP			nange Addition C
TITLE		DELETE	2 1 TITLE		□ ci	nange 🔲 Addition C
NAME			2.2 NAME]
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CITY - \$1 - ZIP			3.4. CITY-ST-ZIP			Į
THE		DELETE	4.1 TITLE		C	hange Addition
NAME			4. 2 NAME			1
STREET ADDRESS			4.3 STREET ADDRESS			Ì
CITY-S1 ZIF			4.4 CITY-ST-ZIP			
1:TLF		DELETE	5.1 TITLE		C	hange Addition
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City - St - ZiP			5.4 CITY-ST-ZIP			
TOTLE	() Munty	☐ DEFELE	6.1 TITLE		L_) CI	hange L Addition
NAME	404 no parts	n	6.2 NAME			
STREET ADDRESS	acada 41 324	un (6.3 STREET ADDRESS			ļ
CITY - \$1 - ZIP			ify for the exemption state	d in Section 119.07(3)(i), Florida Statutes	I further certif	y that the
informatio	on indicated on this applied record or run	enter and thing does not qual	my for the exemption state	t my signature shall have the same tens	offectoritma	do under oath that

4. I do 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 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, the Lam 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 or changed, or on an attachment with an address.

SIGNATURE

TED NAME OF SIGNING OFFICER OF DIRECTOR

4/15/97 941-993-0258