FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 16 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K63230

(2)

	ce of Business	Mailing Address	INC.			
12213 WEST HIGHWAY 98 PANAMA CITY BEACH FL 32407		12213 WEST HIGHWAY 98 PANAMA CITY BEACH FL 32407				
					3. Date Incorporated or Qualified 01/26/1989	3a. Date of Last Report 05/30/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2929635 Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & Stat	le	City & State		6. Election Campaign Financing	Fee Required	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip -	Country	Zip	Count	ry	8. This corporation has liability for i	
24	25	[29]	30			Yes No
	9, Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent
	RRISON, SYLVIA		Ľ	Name		
	13 FRONT BCH RD SANDOLLAR DR		8	2 Street Add	Iress (P.O. Box Number is Not Acceptab	le)
	IAMA CITY BEACH FL 32408		8	3		······································
EMI	MIN OIT DESCRITE DESCRI		_	A	*** · · · · · · · · · · · · · · · · · ·	
			8	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the abo	ve-named cor	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered
agent. La	arn familiar with, and accept the obliq	gations of, Section 607.0505,	Florida Statut	es.	mon's board or directors. Thereby accep	at the appointment as registered
SIGNATURE						
12.	Sign divertyped or printed name of registered as	pent and tille if applicable (A ND DIRECTORS	IDTE: Registered A	gent signature requ	ired when reinstating)	DATE
THLE	P	DELETE	1.1 T-TLE	· ·	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	GARRISON, SYLVIA					
STREET ADDRESS	12213 FRONT BEACH RD.			ET ADDRESS		
CITY - ST - ZIP	PANAMA CITY FL		1,4 CITY			
THLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAM	E		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	-S1-ZIP		
HILF	☐ DELĒTE 3.1 TI		3.1 TITLE	• •		☐ Change ☐ Addition
NAME			3.2 NAMI	E		
STREET ADDRESS				et address		
CITY - ST - ZIP		DELETE	3.4. CITY			Dharas Addition
THEF NAME		La ottett	4.1 TITLE			L Change L Addition
STREET ADDRESS			4.2 NAM	ET ADDRESS		
CITY-ST-ZiP					٨. ٨	^
HTLF		☐ DELETE	4.4 CITY- 5.1 TITLE			Change Addition
NAME			5.2 NAME		W.	1/6
STREET ADDRESS				ET ADDRESS		
City-St-ZiP			5.4 CiTY			ν)
TITLE	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	☐ DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	Ε,	90000219 -05/30/970109 ***165.00	5733
STREET ADURESS			6.3 STRE	ET ADDRESS .	-05/30/970101	15007
CITY-ST-ZIP			64 C(IY)	- ST - ZIP	***165.00	

14. 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; 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: