## 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

	MENT # <b>K66832</b> (CAVATION, INC.	(2)			8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1
Principal Place 5878 AVALON ( STUART FL 349	DR.	Mailing Address 5878 AVALON DR. STUART FL 34997-7804	100	1 (881)97(1 818 8(())0 8()06 (16789 74)78 ()(97 	91011 04011 04011 04011 01014 04011 1001
				3. Date Incorporated or Qualified 02/20/1989	3a. Date of Last Report 04/25/1996
i	lace of Business	2a. Mailing Address		4. FEI Number 65-0098859	Applied For
21 Suite, ∧pt	#, etc	Sude, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
22 City & State		City & State			Fee Hequired
City & State	2	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z <sub>i</sub> ρ	Country	8. This corporation has liability for	
24	25 9. Name and Address of Curren	29	30	Florida Statutes  10. Name and Address of New Re	Yes No
		t Hegistered Agent	81 Name	TU. Name and Address of New He	egistered Agent
WHEELER, WILLARD C. 341 WEST INDIANTOWN ROAD				ress (P.O. Box Number is Not Acceptal	nin)
JUPITER FL 33458			83	ress (F.O. Box Number is Not Acceptat	URO)
			<u></u>		
			84 City		FL 85 Zip Code
11. Pursuant to office or reagent. Lar	to the provisions of Sections 607 050; egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was stions of, Section 607.0505, F	ites, the above-named corp authorized by the corpora lorida Statutes.	poration submits this statement for the tition's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	ot and title it exclicable (NO	TE: Registered Agent signature requi	red when reinstaling)	DATE
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	WALL, RONALD E.		1.2 NAME		•
STREET ADDRESS	5878 AVALON DRIVE		1.3 STREET ADDRESS		
CiTY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		Change Addition
NAME	WALL, SUSAN		2.2 NAME		
STREET ACIDRESS	5878 AVALON DR STUART FL		2.3 STREET ADDRESS   2.4 City-St-Zip		
City-St-ZP Title	Old/All I C	☐ DELETE	31 THLE		Change Addition
NAMÉ			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CH t - ST - ZIP			3.4. CITY - ST - 2IP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAMÉ			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 City-ST-ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY ST ZIF		☐ DELETE	54 City-ST-ZIP 61 TITLE		Change Addition
NAM <del>I</del>		C) office	6.2 NAME		Peril Assessing Peril Modelloll
STHEET ADDRESS			6.3 STREET ADDRESS		į
City, St. 7/P			6.3 STREET ADDRESS		

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.

**FILED** 

Apr 10 1997 8:00am

Secretary of State

0472426