SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K68033

(5)

FILED
Sep 16 1997 8:00am
Secretary of State

Principal Plac	SA J. SAPP, INCORPORATE Ce of Business ENT.LAKE CT.	Mailing Address 2617 CRESCENT.LAKE CT.			
WINDERMERE FL 34786 WINDERMERE FL 34786			•	DO NOT WOITE	INITURE COLACE
				DO NOT WRITE 3. Date Incorporated or Qualified	3a. Date of Last Report
				12/20/1989	09/23/1996
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2944999	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Cermonts of ordinas seamed	Fee Hequired
City & Sta	te	Cily & State		6. Election Campaign Financing	\$5.00 May B∂
Zip		28	Country	Trust Fund Contribution	Added to Fees
24]	Country	7ip	Country	8. This corporation owes or has pair Personal Property Tax due June 8	Pres ' Pres "
24	25 9. Name and Address of Currer		30	10. Name and Address of New Reg	
CA	PP, MELISSA J		81 Name		
	17 CRESCENT LAKE CT.		00 01	(O.O. Davidson in No. A	
WINDERMERE FL 34788			82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
441	INDEMNETIC 1 C 04700		83		
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered agri	est and tilloid applicative (NOTE	Registered Agent signature requi		DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	☐ DELETE	11 11111.		L. Change L. Ad tilion
NAME	SAPP, MELISSA J		1.2 NAME		
STREET ADDRESS	2617 CRESCENT,LAKE CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WINDERMERE FL	DELETE	1.4 C(TY - ST - 7)P 2.1 T(TLE		Change Addition
NAME	D DAPP, JEFFERY		2.2 NAME		onlarge Adjuste
STREET ADDRESS	2617 CRESCENT LAKE CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL		2. 4 City-ST-ZIP		
TITLE	13 HAP PLANTED IF 1 F	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		•
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP	1		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	1	☐ DELÈTE	5.1 TI7LF		☐ Change ☐ Addition
NAME	1		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T no leve	5.4 City-St-ZiP		
TITLE	1	DELETE	61 TITLE		Change Addition
NAME]		6.2 NAME		
STREET ADORESS			63 STREET ADDRESS		
CITY-ST-ZIP	Į.		6.4 CHTY - ST - ZIP		

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 logal effect as if made under eath; 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.