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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K68144

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FILED
Apr 16 1997 8:00am
Secretary of State

		Mailing Address 6224 N NINTH AVENUE 8084 NORTH DAVIS HIGHWAY PENSACOLA FL 32504-8264						
J\$		U\$			 Date Incorporated or Qualified 02/20/1989 		ate of Last I 25/1996	Report
. Poncipa! F	Place of Business	2a. Mailing Address			4. FEI Number			pplied For
		26			59-2939502			lot Applicabl
Suite, Apt	#, €t(:	Suite, Apt #, etc			5. Certificate of Status Desired			Additional tequired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be		
		28		Trust Fund Contribution	Added to Fees			
Zip	County	Zip	Countr	У	8. This corporation has hability for			s. 199.032,
	25 25 9. Name and Address of Curre	29 ant Registered Agent	30		Florida Statutes 10, Name and Address of New Re	Yes		
DAI	RE, DOROTHY	ent hegistored Agent	81	I Name	IQ, Hains and Addison of How He	Alater 60	- Agoin	
	NO STILES LANE		82	Street Add	dress (P.O. Box Number is Not Acceptal	hlai		
	CE FL 32571			Sileer Add	iress (1.0. box Number is not Acceptat	O16)		
			83	9	· · · · · · · · · · · · · · · · · · ·			
			84	City			85 Zip	Code
			1	1		FL	<u> </u>	
	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 607,1508 Florida Sta tle of Florida Such change wa igations of, Section 607,0505	lutes, the above s authorized b Florida Statute	ve-named cor by the corpora es.	poration submits this statement for the patients board of directors. I hereby acceptions	purpose o pt the app	of changing pointment a	its registere s registered
ONATURE	Sky armentgered in production on registered in OF FICERS A	ageni and fite il applicable in NO DIRECTORS	IQTE: Registered Ap	gent signatu/e requ	poration submits this statement for the pation's board of directors. I hereby acception when reinstatings ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTO	RS IN 12
ONATURE E	OFFICERS A	agent and title if applicable (P	IOTE: Registered Ap	gent signature requ	uired when reinstating)	DATE		RS IN 12
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4. Les 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 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.

SIGNATURE:

INATURE AND TYPED OR PRINTED NAME OF STENING OFFICER OR DIRECTO

4-10-97

904-479-7800

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