FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1997			Secretary of State DIVISION OF CORPORAT		IONS	Secretary of State		
		K685 COMPANY, II		(1)			E IDDIDIN DER DEMONSTRUKTURE IBRAD DEN		
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Principal Place of Business 5790 BROOKLYN AVE				Mailing Address 5790 BROOKLYN AVE					,
SARASOTA FL 34231			SARA	SARASOTA FL 34231-8417					
US			Ų\$				3. Date Incorporated or Qualified 02/27/1989	3a. Date of Last Repo	ort
· ·	lace of Busine	SS	2a. N	lailing Address			4. FEI Number		ed For
Suite, Apt	# plc	·····	26	Suite, Apt. #, etc			65-0108509		pplicable
22	#, etc.		27				5. Certificate of Status Desired	\$8.75 Add	
City & Stat	e		· · · · · · · · · · · · · · · · · · ·	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country		}ŋ	Zıp		У	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 25 Name and Address of Current			29 30 30 Registered Agent		····	Florida Statutes 10. Name and Address of New Ro	Yes No	
ESTI	TERMAN, JAN		on on nogrator	ou Agon	B1	Name	IQ, Marile alla Addiese di New M	Restated wheth	
2375	SO TAMIAN ASOTA FL 34	I TRAIL			Bá		idress (P.O. Box Number is Not Accepta	ole)	
					6.1	1			
					64	City		FL 85 Zip C∞	Je
	to the provision egistered agen im familiar with	ns of Sections 60 nt or both, in the , and accept the	17.0502 and 607 State of Florida obligations of, S	.1508, Florida Statu Such change was Section 607.0505, F	ries, the abor authorized to lorida Statute	ve-named co by the corpor es.	orporation submits this statement for the ration's board of directors. I hereby acce	ourpose of changing its rept the appointment as reg	agistered Jistered
SIGNATURE	Signature, typed or	printed name of regist	cred agent and title if a	pplicatile (NO	TE: Registered A	gent signature rec	quired when reinstating)	DATE	
12.	T 5	OFFICE	RS AND DIRECT		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE TOTAL	D CAIVIDED I	AMEC V		☐ DELETE	1.1 TITLE 1.2 NAME	Į		Change	Addition
NAME STREET ADORESS	SNYDER, J. 4141 BRITT					T ADDRESS			
CITY - ST - ZIP	SARASOTA					ST-ZIP			ŀ
TITLE			-147.11. 144 14. 114. 114. 114. 114.	☐ DELETE	2.1 TITLE	<u> </u>		☐ Change	Addition
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City-St-ZiP	Surpostification	he informati	madia di 1901 di	flian desertes	6.4 CITY-		tod in Section 110 07(2)(i) Florida Statid	A formation and the second	

I do hereby certily 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.

(941) 923-5544

FILED

Feb 04 1997 8:00am