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

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	f For plicable ional ed Be
### ### ### ### ### ### ### ### ### ##	f For plicable ional ed Be
3. Date Incorporated or Qualified 3s. Date of Last Report 03/13/1969 04/19/1986 04/1986	f For plicable ional ed Be
2. Principal Place of Rusiness 2a. Mailing Address 4. FEI Number 59-2864814 Not Applied 21	plicable ional ed Be es
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite,	ional ed Be es
City & State Country Zip Country Zip Country Zip Country Zip Country Strip	Be es
City & State Country Country Country Country Country Country Country R. This corporation has liability for intangible tax under s. 198 Florida Statutes Po Name and Address of Current Registered Agent SEAVER, ERIC Country SEAVER, ERIC Country Country Country Country Country Country R. This corporation has liability for intangible tax under s. 198 Florida Statutes Country R. This corporation has liability for intangible tax under s. 198 Florida Statutes Country R. This corporation has liability for intangible tax under s. 198 Florida Statutes Country R. This corporation has liability for intangible tax under s. 198 Florida Statutes Country R. This corporation has liability for intangible tax under s. 198 Florida Statutes Country R. This corporation has liability for intangible tax under s. 198 Florida Statutes In Name Street Address (P.O. Box Number is Not Acceptable) This provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent Lan lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature had for the purpose of changing its recoffice or registered agent ag	Be es
Zip Country Zip Country Zip Country B. This corporation has liability for intangible tax under s. 195 24	
SEAVER, ERIC -265 9 61 -1AKE MARY FL 32746 Set of fire a provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regarded agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS IN ILIE PD DELETE 1.1 TITLE STD DELETE 1.1 TITLE OCHANGES TATION RD SEAVER, ERIC 1.2 NAME 1.3 STREET ADDRESS CITY_ST-ZIP STD Change Chan	:
SEAVER, ERIC -285 9 ST -10 15 Moore's Stating Res Street Address (P.O. Box Number is Not Acceptable) -11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regordice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature hard for prefer agent and tile if applicable: NAME SEAVER, ERIC 12 NAME SIRRELADORESS CITY-ST-ZIP SANFORD FL DELETE 1.1 TITLE 1.2 NAME SANFORD FL Change Change Change Change Change Change Change	
SEAVER, END -265 9 67 -1AKE MARY FL 32746 San fond CL 32773 83 Charge Quidless 64 City FL 85 Zip Cold 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reginagent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature (sort or prefetch for prefetch agent and title if application. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.3 STREET ADDRESS CITY-ST-ZIP FILE STD DELETE 1.1 TITLE Change Change Change Change Change	
The sum of the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its report of the corporation of the corporation of the purpose of changing its report of the corporation of the corporation of the corporation of the purpose of changing its report of the corporation of the corporat	
### City #### City #### City ### City #### City #### City #### City #### City #### City #### City ##### City ##### City ###### City ####################################	
### City #### City #### City ### City #### City #### City #### City #### City #### City #### City ##### City ##### City ###### City ####################################	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its report of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature by or the preference of registered agent and title ill applicable. (NOTE: Registered Agent sonature required when reinstating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE NAME SEAVER, ERIC SEAVER, ERIC 12. NAME STREET ADDRESS CITY-ST-ZIF STD DELETE 2.1 TITLE Change Change	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regingent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature type for perilect name of registered agent and still it applicable. (NOTE Registered Agent ag	
Signature Byon file preded name of registered agent and cite if applicable (NOTE: Registered Agent & grature required when reinstating) DATE	istered
12. OFFICERS AND DIRECTORS THE PD DELETE 1.1 TITLE NAME SEAVER, ERIC 12 NAME STREET ADDRESS CITY-ST-ZIF STD DELETE 1.4 CITY-ST-ZIP THE STD DELETE 2.1 TITLE Change C	
NAME	12
STREET ADDRESS 4015 MOORES STATION RD 1.3 STREET ADDRESS SANFORD FL 1.4 CITY-ST-ZIP T-FLE STD DELETE 2.1 TIFLE Change	Addition
C(11Y - ST - ZI)	
TITLE STD DELETE 2.1 TITLE Change	
	Addition
= //NAMF	MUUTUUT
STREEL ADDRESS 4015 MOORES STATION RD 2.3 STREET ADDRESS	
CITY ST-ZIP SANFORD FL 2.4 CITY-ST-ZIP	
TITLE DELETE 31 TITLE Change	Addition
NAME 32 NAME	!
STREET ADDRESS 33 STREET ADDRESS	
C(1Y - S1 - 7IP) 34 - C(1Y - S1 - 2IP)	4.116
	Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	l
CHY-SI-ZIP	
NAME 5.2 NAME	Addition
STREET ADDRESS 5.3 STREET ADDRESS	Addition
CHY-ST-ZIP 54 CITY-ST-ZIP	Addition
THLE DELEYE 6.1 TIFLE Change	Addition
NAME 62 NAME	Addition Addition
STREET ADDRESS 6.3 STREET ADDRESS	
CRY ST-ZP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.1 Ido 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	

rior necessive mactine information supplied with this ining does not quality for the exemption stated in section 119.07(3)(i), Florida Statutes 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 it am an officer or director of the corporation or the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, or on an attach high with an address.

SIGNATURE:

FILED

Apr 07 1997 8:00am

Secretary of State