


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

FILED
Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. [Signature] Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name K77341					
IV-D INC.					
Principal Place of Business			Mailing Address		
5422 LAURELWOOD PLACE SARASOTA, FL. 34232					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 3/22/1989	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FFI Number 65-0239045	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
			81 Name HENRY CORBITT		
			82 Street Address (P.O. Box Number is Not Acceptable) 5422 LAURELWOOD PLACE		
			83		
			84 City SARASOTA FL 85 Zip Code 34232		
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE 5/5/97					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE <input type="checkbox"/> DELETE 12 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
13 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
14 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
22 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
23 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
24 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
32 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
33 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
34 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
42 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
43 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
44 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
52 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
53 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
54 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
62 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
63 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
64 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
SIGNATURE: 5/5/97 (941) 350-6286					

CR2E034 (9/96)