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

FILED May 09 1997 8:00am Secretary of State

Principal Place of Business 1510 FIRST AVENUE WEST BRADENTON FL 34205-6854 MOUNT HE WEST BRADENTON FL 34205-6854 MOUNT HE WEST BRADENTON FL 34205-6854						
					3. Date incorporated or Qualified 05/23/1989	3a. Date of Last Report 05/01/1996
·	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
Suite Ant	1 26				65-0137912	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Count	try		Yes 🖳 No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
	IAUNEY, ROY EDWARD		ě	11 Name		
1510 FIRST AVENUE WEST BRADENTON FL 34250					ress (P.O. Box Number is Not Acceptat)[6]
			6	13		<i>‡</i>)
			8	14 City		FL 85 Zip Code //
11 Purcuant	to the provisions of Sections 607.05	02 and 607 1508 Florida State	utes the abr	va-named cor	poration submits this statement for the pation's board of directors. I hereby acception's	
SIGNATURE	Signature: typed or performance of registered is OFFICERS AN	ND DIRECTORS	13.		ired when reinstating) ADDITIONS/CHANGES TO OFFICE	
TITLE	P	☐ DELETE	1.1 TêT L	i	_	Change A n
NAME STREET ADDRESS	DEMAUNEY, ROY EDWARD 1510 1ST AVE. WEST		1.2 NAV	EET AODRESS	2	
CITY - ST - ZIP	BRADENTON FL			-ST-ZIP		
TITLE		DELETE	2.1 TITL			Change Addition
NAME		and the same of th	22 NAM	E)		
STREET ADDRESS			1	EET ADDRESS	0	
City-S1-ZiP		DELETE	2. 4 CiT	Y-ST-ZIP		Change Addition
TITLE NAME		Libraria	3.1 MA	ļ	_	
STREET ADDRESS			1	EET ADDRESS	2	
CITY-S1-ZIP				Y-ST-ZIP		
THILE		☐ DELETE	4.1 TITL	E		Change Addition
NAME			4. 2 NAI	ME Ì		
STREET ADORESS	0/			EET ADDRESS	0/	
CITY-ST-ZIP		I hrieve		-ST-ZIP		[[] [] [] [] [] [] [] [] [] [
TITLE		DELETE	5.1 TITL			Change Addition
NAME CYRLL ADOLES			5.2 NAN	1	ン	
STREET ADDRESS	1			EET ADDRESS		
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NAME	1	The state of the s	6.2 NAA	, , , , , , , , , , , , , , , , , , ,	<i></i>	
STREET ADORESS			and the second	EET ADDRESS		
Dity-St-ZiP	L'		1	1-ST-ZIP		
	Lacarette				alla Captina 440 03/03/13 Finalda Cuntuda	

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 13 if changed, or on an attachment with an address.

SIGNATURE: