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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K91785

(1)

FILED Mar 24 1997 8:00am Secretary of State

,	CC of Business ARTEAUX DRIVE 34647	Mailing Address 8726 RUE CHARTEAUX D SEMINOLE FL 33777-2510				
				3. Date Incorporated or Qualified 05/30/1989	3a. Date of Last R 12/09/1996	lepart
2. Principal	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0149274	}	oplied For ot Applicable
Suite, Apt	: #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
2] City & Sta	de	Crty & State		6. Election Campaign Financing		equired May Be
3		28		Trust Fund Contribution		to Fees
Ζφ 4]	Country 25	Z(p 29	Country 30	This corporation has liability for it Florida Statutes	ntangible tax under s Yes \B\ No	. 199.032,
	9, Name and Address of Curre		81 Name	10. Name and Address of New Re	gistered Agent	
SEN	6 RUE CHATEAUX DRIVE AINOLE FL 34647		83 84 City	idress (P.O. Box Number is Not Acceptab	FL 85 Zip	Code
office or agent 1	t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607,1508, Florida Stati e of Florida. Such change was gations of, Section 607,0505, F	utes, the above-hamed co authorized by the corpor Florida Statutes.	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing it it the appointment as	ts registered registered
S:GNATURE	Stpouture, typed or printed name of registered as		DTE: Registered Agent signature rec	quired when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		DATE CERS AND DIRECTOR	38 IN 12
12. TITLE NAME STREET ADORESS	OFFICERS AND PROPERTY OF THE P		13. 1.1 TITLE 1.2 NAME 1.3 STHEET ADDRESS	quired when reinstating)	DATE	38 IN 12
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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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/87

Dayting Рінне # 0007882