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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business  Mailing Address  6017 OLD RANCH ROAD SARASOTA FL 34241 US  (2)  Mailing Address  6017 OLD RANCH ROAD SARASOTA FL 34241 US								
••					3. Date Incorporated or Qualified 06/16/1989	3a. Date o		eport
¬ `	lace of Business	2a. Mailing Address			4. FEI Number		<del></del>	plied For
Suite, Apt	#. etc.	Suite, Apt. #, etc			65-0129080		<del></del>	t Applicable Additional
22	,	27			5. Certificate of Status Desired	□ <b>•</b>	Fee Re	
City & Stat	е	City & State			8. Election Campaign Financing		\$5.00	May Be
<b>23</b>   Zip	Country	28	0		Trust Fund Contribution		Added t	·····
Ζιβ 24	Country 25	Zip <b>29</b>	Countr 30	у	8. This corporation has liability for Florida Statutes	intangible tax 🗓 Yes 🔲 N		199.032,
<u></u>	9, Name and Address of Curren		[30]		10. Name and Address of New Re	•		
BRE	NNAN, JAMES D.		81	Name		<del></del>		
6017 OLD RANCH ROAD				Street Addr	ress (P.O. Box Number is Not Acceptate	ole)		
SAR	ASOTA FL 34241							
			83	1				
			84	City		FL B	5 Zip (	Code
agent. I a	m lamiliar with, and accept the oblig	ations of, Section 607.0505, Florence	ida Statute العراكة	s. James	poration submits this statement for the prior's board of directors. I hereby accepted by the property of the p	DATE	21-9	77
TITLE	D	OELETE	1.1 TITLE				Change	Addition
NAME	Brennan, James D.		1.2 NAME					
STREET ADDRESS	6017 OLD RANCH ROAD		1.3 STREE	T ADDRESS				
CITY - ST - 7IP	SARASOTA FL	DELETE	1.4 CITY-1	ST-ZIP		7-1	06	1 4 4 400
TITLE NAME	Deceme		2.1 TITLE 2.2 NAME			U	Change	☐ Addition
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIP			2.4 CITY-		• • •			
TOLE		DELETE	3.1 TITLE	G1 E,#			Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY - ST - ZIP		T or exc	3.4 CITY-	ST-ZIP	·	<del></del>		
TITLE		☐ DELETE	4.1 TITLE	.			Change	Addition
NAME ETDEET ADOESSES			4. 2 NAME					
STREET ADORESS				T ADDRESS				
CITY-ST-ZIP TITLE	***************************************	☐ DELETE	4.4 CITY - 1 5.1 TITLE	01" ZIF			Change	Addition
NAME			5 2 NAME				-	
STREET ADURESS			5.3 STREE	T ADDRESS				
CITY - ST - ZIP			5.4 CITY-	ST-ZIP				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	l l				
STREET ADDRESS				T ADDRESS				
CITY-\$1-ZIP <b>14.</b> I do heret	by certify that the information supplie	d with this filing does not qualif	6.4 City-		in Section 119.07(3)(i), Florida Statute	s i further nor	tify that	the
informatio Lam an o	in indicated on this annual report or :	supplemental annual report is to the receiver or trustee empow	rue and acc ered to exe	urate and that	my signature shall have the same legar t as required by Chapter 607, Florida S	d effect as if or	nade unc	der nath: that

James D. Brennan 1-21-97 944-927-5618