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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| | | JAL REP 1997 | | | Secretary of State DIVISION OF CORPORATIONS | | | Secretary of State | | | | |
|-------------------------------------|-----------------------|--|--------------------|--|--|--|-------------------------------|--------------------|---|---|---------------------------------|--|
| | CUI | MENT n Name | # L19 | | (3) | | | | | 2 | | |
| ''' | 7,110 | | | | | | | | | | | |
| | | e of Busines | 55 | | ailing Address | | | | | | | |
| C/O C. R TOWSE 23188 FREEDOM AVE | | | | | C/O C. R TOWSE 23188 FREEDOM AVE | | | | | | | |
| CHARL | OTTE H | ARBOR FL 33 | 3980 | CI | HARLOTTE HARBO | R FL 33980-29 | 01 | | 3. Date Incorporated or Qualific | ad 3a i | Date of Last R | lenort |
| | | | | | | | | | 09/28/1989 | l l | /01/1996 | орон |
| 2. Principal Place of Business | | | | <u>├</u> | 28. Mailing Address | | | | 4, FEI Number 65-0185294 | | | oplied For |
| 21 Suito, Apt #, etc | | | | | Suite, Apt. #, etc. | | | | | | | ot Applicable Additional |
| 22 | | | | | 27 | | | | 5. Certificate of Status Desired | | | equired |
| 23 | City & State | | | | City & State | | | | Election Campaign Financin Trust Fund Contribution | , 🗆 | | May Be to Fees |
| Zıç | , | | Country | | Zip | L | ountry | | 8. This corporation has liability | | le tax under s | |
| 24 | | 9, Name | 25 and Address | of Current Regis | stered Agent | 30 | T | . <u></u> | Florida Statutes 10. Name and Address of New | | M No | |
| REEVES, RAWLINS L. | | | | | | | 81 Name | | | | | |
| 196 PARK AVENUE. | | | | | | • | 82 Street | Addres | . Rawlins L. ss (P.O. Box Number is Not Acce Worthington way, U | ptable) | | ************************************** |
| LA BELLE FL 33935 | | | | | 83 | | | | worthington way, u | <u> 111 13 13 14 15 15 15 15 15 15 15</u> | 102 | ······································ |
| | | | | | | | 84 City | | | | es 7in | Codo |
| | | | | | | | Bon | ita | Springs | F | | |
| 11. P | ursuarit fice or 🏲 | to to e pr ovis égistered jig m familiaru | gerit, or both, in | is 607.050 2 and t in the State of Flori | 507.1508, Florida ida. Such change of Spotion 607.06 | Statutes, the a was authorized OF Florido Ct | above-named ed by the corp | corpoi poratio | ration submits this statement for the n's board of directors. I hereby ac | e purpose cept the ar | of changing it opointment as | is registered registered |
| SIGN | | 4 | 0 | スシー | | os, riolida si | aiules. | | 4-30-9 | 7 | | |
| 12. | | Signature Typed | | registered agent and rill ICERS AND DIRE | | (NOTE Register | ed Agent signature | required | when reinstating) ADDITIONS/CHANGES TO O | DATE | ND DIDECTOL | DC IN 12 |
| TITLE | | VD | | OLIIO AND DINE | DELE | | TITLE | VD | | TICENS AI | Change | Addition |
| NAME | | | RAWLINS L. | | | 1.2 | NAME | | eves, Rawlins L. | | | ; |
| i | ADDRESS | 196 Pari La Belle | K AVENUE | | | | STREET ADDRESS | | 611 Worthington Wa | | t 1302 | |
| C-[Y-S] Ti*le | - 7IP | PD PELLE | C FL | | DELE | | CITY-ST-ZIP TITLE | RO | nita Springs, FL | 34135 | Change | Addition |
| NAME | | BENNETT | r, Henry L. | | <u> </u> | | NAME | | | | | |
| | ADDRESS | | | | | 2.3 | 2.3 STREET ADDRESS | | | | | |
| CITY-SI | -ZIP | LABELLA | rL | | ☐ OELE | | CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | | ☐ Change | ☐ Addition |
| NAME | | | | | band white | 1 | NAME | | | | erri Austrillo | |
| STREET | ADDRESS | | | | | 3.3 | STREET ADDRESS | | | | | |
| CHY-SI TILLE | · 7IP | | | | ☐ DELE | | CITY-ST-ZIP | | | | Change | Addition |
| NAME | | | | | | | NAME | | | | ii olianys | CT Addition |
| STREET / | ADDRESS | | | | | | STREET ADDRESS | | | | | |
| CITY-ST | - 7tP | | | | ☐ DELE | | CITY-ST-ZIP | | | · · · · · · · · · · · · · · · · · · · | 1 01 | [] A 4400 |
| TIBLE | | | | | | - 1 | TITLE NAME | | | | Change | Addition |
| STREET | ADDRESS | | | | | | STREET ADDRESS | | | | | |
| CHY-ST | · 7161 | | | | The second | | CITY-ST-ZIP | | | | | 11122 |
| TITUE NAME | | | | | ☐ DELE | | ritle Name | | | | Change | Addition |
| STREET | ADDRESS | | | | | | STREET ADDRESS | | | | | |
| CHY-ST | - ZIP | | | | | 6.4 (| CITY-ST-ZIP | L | | | | |
| 14. 10 | do heref | y certify tha | t the information | on supplied with the | his filing does not | qualify for the | exemption s | tated in | Section 119.07(3)(i), Florida State | utes. I furth | er certify that | the |

the internation indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oal Lam 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.

941-9922201

FILED

May 08 1997 8:00am