## 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

DOCUMENT # L22904

(1)

Principal Place of Business Mailing Address  12 WAYLAND PLACE 12 WAYLAND PLACE PALM COAST FL 32137-7602 PALM COAST FL 32164-7602								
					3. Date Incorporated or Qualified 10/16/1989		ate of Last   10/1996	Report
2. Principal F	Place of Business	2a. Mailing Address	7-0/	· <del>- · · · · · · · · · · · · · · · · · ·</del>	4. FEI Number	V.,		Applied For
21		26			59-2974313			Not Applicable
Suite Apt. 22	# etc.	Suite. Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & Stat	te:	Cry & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Zip −1	Country	- Zφ	Countr	y	8. This corporation has liability for			s. 199.032,
24	25 9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes  10. Name and Address of New R	Yes		
CHIA	NTHARP, PAUL M. JR.	ent registered Agent	81	Name	III. Hallie alla Address of Hell II	-gistoi eo	Agoni	
	LD KINGS ROAD NORTH SUITI	F B	82	Cross Add	fress (P.O. Box Number is Not Accepta	.blo)		<del></del>
	M COAST FL 32307	-	04	Street Add	iress (P.O. Box Number is Not Accepta	ibie)		
			83					
			84	City			<b>85</b> Zip	Code
					poration submits this statement for the	FL	<u>-                                      </u>	
SIGNATURE	Bei Due Agrano personami i fini (len de							
12.		agent and the interpressible in CRENT OF CHORS	ITE: Registered Ag	ent signature requ	ired when reinstaturg) ADDITIONS/CHANGES TO OFFI	DATE	D DIRECTO	
<b>12.</b> TillE	OFFICERS A			ent signature requ			D DIRECTO	
TITLE	OFFICERS A  D :  MINGOLA, ABEL P.	IND DIRECTORS	13. 1 1 TITLE 1.2 NAME					
TIPLE NAME STREET ADDRESS	OFFICERS A  D : MINGOLA, ABEL P. 12 WAYLAND PLACE	IND DIRECTORS	13. 4.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS				
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14. Too 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 logal 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 Clapter 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9044469016

**FILED** 

Jan 14 1997 8:00am

Secretary of State