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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of \$tate DIVISION OF CORPORATIONS

(9)
(9)

## **FILED** May 16 1997 8:00am Secretary of State

Principal Place of Business  SS SNADSTONE DRIVE ORANGE PARK FL 32065  Mailing Address ORANGE PARK FL 32065  (9)  Mailing Address  955 SNADSTONE DRIVE ORANGE PARK FL 32065-8559							<u> </u>		3. Date incorporated or Qua	lified <b>3a</b> . D	Date of La	ist Re		7
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		24/ 188		lied For	-
21			26	26					<b>59-2980454</b> Not Applicab					1
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required					
City & State				City & State					6. Election Campaign Financing \$5.00 May Be					
Zip	Zip Country			Zip Cour			~		Trust Fund Contribution  8. This corporation has liabil		c tax uno			1
24				9	30	ı—			Florida Statutes		Yes No			
		and Address of Curre	nt Reg	gistered Agent		81	Name	<b>.</b> '	IO. Name and Address of N	ew Registered	Agent			$\dashv$
	ENFELD, CH					ا	<u> </u>							_
955 SANDSTON DRIVE ORANGE PARK FL 32065						82	Street Ac	ddress	(P.O. Box Number is Not Ac	ceptable)				
Una.	INGE FAIN	FL 32003				83								-[
İ						84	City				85	Zip C	ode	$\frac{1}{2}$
44 Duroupat	to the provisi	ions of Castions CO7.05	02 and	1 607 1600 Florido Ct-1	titos the o	L			tion a busite this statement to	FL			ragistarad	-
office or agent. I a	registered ag am familiar wi	ent, or both, in the Stat th, and accept the obli	le of Fic gations	orida. Such change was orida. Section 607,0505, I	s authorizo Florida Stal	d by tutes	y the corpo s.	oration	tion submits this statement for is board of directors. I hereby	accept the ap	pointmer	it as r	egistered	
	Signature typeo	or printed name of registered a				d Age	nnt signature re	едигед м	her reinstating)	DATE				_
12.		OFFICERS A	ND DIR		13.				ADDITIONS/CHANGES TO	OFFICERS AN				000
TITLE NAME	EN CHEC	OV (		☐ DELETE	1.171				NIVI		Cha	nge	Addition	1-
STREET ADDRESS		LD, CHRISTINE S OSTONE DRIVE			1,2]N		T ADDRESS		774 I					E034
CITY-ST-ZIP		PARK FL 32065			1		31- <i>7</i> IP							I E
TITLE	OVT	V 6 Z		DELETE	2111		21-24		~~		Cha	nge	Addition	შ
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STREET ADDRESS		OSTONE DRIVE			2.3 \$	IRLET	ADDRESS		P1 -					
CITY-ST-ZIP	ORANGE	PARK FL 32065			2 4 0	IIY-	\$1 - ZIP							
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STREET ADDRESS							ADDRESS							
CITY-ST-ZIP TITLE	<del> </del>			DELETE	3.4. C 4.1 Yi		S1-70°			·	Cha	000	Addition	4
NAME							ĺ				L. J Ulia	iye	Advition	-
STREET ADDRESS					4.2 8		ADDRESS							
CITY-ST-ZIP	<b>\</b>						· · · · · · · · · · · · · · · · · · ·							
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NAME	}				5.2 N							•		1
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NAME	]				6.2 N	AME	}							1
STREET ADDRESS					6351	REET	ADDRESS							
CITY-ST-ZIP	<u> </u>	·····			6.4 C	<u> 14-8</u>	S1-7(P					<del></del>		

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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee emptywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or man attachment with an address.