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

PROFIT CORPORATION **ANNUAL REPORT** 1997



LLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(8)

Principal Place 1625 RIDGEWO	OOD AVENUE	1625 RI	Address DGEWOOD AVENU HILL FL 32117-173			
					3. Date Incorporated or Qualified 01/01/1990	3a. Date of Last Report 01/24/1996
2. Principal P	lace of Business	2a. Mail	ling Address		4. FEI Number	V I/24/ 1890 Applied For
21		26			59-2984608	Not Applicable
Suite, Apt.	#, etc.		e, Apt. #, etc			\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	e	City	& State		6. Election Campaign Financing	\$5.00 May Be
23		28		T	Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Country	8. This corporation has liability for i	
24	25 9. Name and Address of Curre	29	1 Agent	30	Florida Statutes 10. Name and Address of New Reg	Yes No
6 EC	TZ, JAMES L CLIPSE TR MOND BEACH FL 32174			83	rner Richard ressur D. Box lyumber is Not Acceptab Chockaw Train	85 Zin Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with and accept the obligation of registered a	le of Florida S gations of, Sec	uch change was a erfon 607.0505, Fla	es, the above-named corp authorized by the corpora	work Beach poration submits this statement for the p tion's board of directors. I hereby accep	FL 32174 Jurpose of changing its registered of the appointment as registered 75-97 DATE
12.		ND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P		L_ DELETE	1.1 TITLE		Change Addition
NAME	TURNER, RICHARD W.			1.2 NAME		
STREET ADDRESS	14 CHOCTAW TRAIL			1.3 STREET ADORESS		
CITY-ST-ZIP	ORMOND BEACH FL VTS		OBITI	1.4 CITY - ST - ZIP		Change Addition
TITLE	LANTZ, JAMES L.		DEFETE	2.1 101.6		Change Addition
NAME	6 ECLIPSE TRAIL			2.2 NAME		
STREET ADDRESS	ORMOND BEACH FL			2.3 STREET ADDRESS	.a. 	
CITY-ST-ZIP TITLE	Oranotto Option 12		DELETE	2. 4 CITY+ST+ZIP 3.1 TITLE		Change Addition
NAME				3.2 NAME		ond igo
STREET ADDRESS				3 3 STREET ADDRESS		ļ
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE			DELFTE	4.1 TRILE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CiTY-ST-ZIP				4.4 City - S1 - ZIP		
TITLE			DELFTE	5.1 True		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 GHY- \$1-ZIP		
TITLE			DELETE	6 1 1/TLF		Change Addition
NAME				62 NAME		
STREET ADDRESS				63 STREET ADDRESS		

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 implication with an address.

CITY-ST-ZIP

FILED

Jan 29 1997 8:00am

Secretary of State