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

2. Principal Place of Business 2a. Mailing Address 4. 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28												
	C 90011		_	· -				_	Date Incorporated or Qualifier	d 3e Dat	e of Last F	Report
								"	01/22/1990		3/1996	тероп
—- ₁				∱1				4	FEI Number		<u> </u>	pplied For
									65-0170316			ot Applicable Additional
 -								5	5. Certificate of Status Desired			equired
								6	8. Election Campaign Financing		\$5.00	May Be
			28					_	Trust Fund Contribution		Added	to Fees
	<u></u>		-	 		Country	untry		 This corporation has liability for Florida Statutes 	or intangible t		3. 199.032,
[24]	9. Name	25 and Address of Cur		tered Agent	[30]			10	O. Name and Address of New			
HUB	BER, TERRI		<u></u>			81	Name	***		X		
	1 PINE TE					82	Street Add	iress	(P.O. Box Number is Not Accep	lable)		
PLAI	NTATION F	FL 33317										
						83						
						84	City			FL	85 Zip	Code
11. Porsuant	to the provis	sons of Sections 607 (0502 and 6	07 1508 Florida Statu	tes th	e above	a-named cor	porati	ion submits this statement for the		changing i	its registered
office or r	registored ag	gent, or both, in the St	ate of Florid	da. Such change was Section 607 0505. Fl	author	ized by Statutes	the corpora	tion's	ion submits this statement for the s board of directors. I hereby acc	cept the appo	intment as	registered
SIGNATURE	(*) (*(1) **(1) **	in, and troops no on	inganonio o	, 0000001001.0000,11	O POLE	Signator.	··					
	Signal are, types	for parted name of registered					nl signature requ	lred wh		DATE		
12. Itilé	D	OFFICERS A	AND DIREC	DELETE DELETE		1 71TLE			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR Change	RS IN 12 Addition
NAME	HUBER,	RYAN I		LJ beleit		2 NAME				,	Onunge	L.J NOGILION
STREET ADDRESS	FEET ONLY TOOM ACT						1.3 STREET ADDRESS					
City-St-ZiP	PLANTA"	TION FL			. 1	4 CITY - S	T-ZIP					
TITLE	P			DELETE	2	.1 TITLE					Change	Addition
NAME	HUBER,					2 NAME						
STREET ADDRESS	PLANTA	NE TERRACE			- 6		ADDRESS					
CITY - S1 - 74P	ST	IION FL		DELETE		4 CITY-1	ST-21P		······································		Change	Addition
NAME					2 NAME					- wille		
STREET ADDIRESS		IE TERRACE					ADDRESS					
CITY ST ZIF	PLANTA'	TION FL			3	4. CITY-1	ST - ZIP					
TiffUE				☐ DELETE		1 TITLE					Change	Addition
. NAME					- 1	I. 2 NAME						
STREET ADDRESS							ADDRESS					
City-St-ZiP Title				DELETE		4 CITY-S	1 - ZIP				Change	Addition
NAME						2 NAME						
STREET ADDRESS							ADDRESS					
CITY - \$1 - ZIP						4 CITY-S	T-ZIP					·
THLE				☐ DELETE	ſ	.1 TITLE					Change	Addition
NAME	J				1	2 NAME						
STREET ADDRESS							ADDRESS					
14. Ldo heret	hy certily the	al the information soor	lied with th	nis filing does not qual		.4 CITY - S the exe		d in S	Section 119.07(3)(i), Florida Stati	utes. I further	certify that	t the
informatio Lam an o	on indicated ifficer or dire	on this annual report of ctor of the corporation or Block 13 if changed	or supplem For the rec	ental annual report is eiver or trustee empor	true ai wered	nd accu to exec	irate and tha	at my	signature shall have the same k required by Chapter 607, Florid	gal effect as	if made ur	nder oath, tha

SIGNATURE:

FILED

Mar 11 1997 8:00am

Secretary of State

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