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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

49149

Principal Place of Business

if F

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Mailing Address

250 S.W. MONTEREY Rd.

S.W. MONTEREY Rd.

StuAct FL 34994	Stunet H 3499	3. Date Incorporated or Qualified 3a.	. Date of Last Report
.2.0	U.S.	02/06/90	04/30/96
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
1	26	65.0168930	Not Applicable
Suite, Apt #. etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Cily & State	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 4 25	Zip Country 29 30	This corporation has liability for intang Florida Statutes	
9. Name and Address of	Current Registered Agent	10. Name and Address of New Register	ed Agent
DONALD L. BA	55	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	

7166 S.E. OSPREY STREET

HOBE SOUND

33455

83

84 City

85 FL

APPROVED

1997 JUN 23 AM 9: 22

SECRETARY OF STATE TALLAHASSEE FLORIDA

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature typed or protect name of registered agent and one it applicable (NOTE).	legislered Agent signature	requires when renstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1111111	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	ROAFET C. STELLA	1.2 NAME	
STREET ADDRESS	IDI S. RIVER POAD	1.3 STREET ADDRESS	Chance Maddition C
CITY-ST-ZIP	Grunet FL	1.4 CITY - ST - ZIP	, [장
TITLE	DELETE	211IILE	
NAME		2.2 NAME	ANGELA L. MCNOLTY 25 S. SEWELLS POINT Rd.
STREET ADDRESS		2.3 STREET ADDRESS	25 S. SEWELLS POINT Rd.
CITY - ST - 7IP		2 4 CITY+S* 7IP	STURET FL 34996
TITLE	DELETE	311111	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	·
CITY - ST - 7IP		3.4 CHY-\$1-7P	
TITLE	DELETE	41 TILE	0000022210@0+**** -06/24/9701040008 ****346.00 *****173.00
NAME		4 2 NAME	-06/24/3701040008
STREET ADDRESS		4 3 STRUET ADDRESS	****346.00 ****173.00
CITY - ST - ZIP		4.4 CHY-S1-ZIP	
TITLE	DELETE	5 1 1HLE	Change Addition
NAME	·	5.2 NAME	·
STREAT ADDRESS		5.3 STREET ADDRESS	
CITY ST. ZIP		5.4 CITY - S1 - ZIP	
TITLE	DELETE	61101()	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NAME.		6.2 NAME	* AAY W
STREET ADDRESS		63 STREET ADDRESS	- W1341
CITY-ST-7(P		6.4 CITY - ST - 7IP	

14. To bordery certify that the information supplied with this Iting 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 an attachment with an address.

SIGNATURE!

NITED NAME OF SIGNING OFFICER OR DIRECTOR

G/18/97 561-787-1101