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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCHMENT #

Principal Place of Business Mailing Address 2636 ALHAMBRA AVE. DELAND FL 32720 DELAND FL 32721 US										
				******		 Date Incorporated or Qua 06/18/1990 	alified	3a. Date 04/23	of Last F /1996	leport
1	Place of Business	2a. Mailing Addres	ss .			4. FEI Number 59-3018979				oplied For ot Applicab
Suite, Apt.	.#, elc.	Suite, Apt. #, e	itc.		···)	П		Additional
]		27		, 	·	5. Certificate of Status Desir	180	<u></u>		equired
City & Stat	le .	City & State				6. Election Campaign Finan	cing			May Be
Zip	Country	28 Zip	Co	untry		Trust Fund Contribution 8. This corporation has liable	ility for int			199 032
]	25	29	30			Florida Statutes		Yes 🗶		. 199,002
***************************************	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of N	lew Regi	stered Ag	ent	
	METTO CHARTER SERVICES, I	INC.		81	Name					
150		82	Street Addr	dress (P.O. Box Number is Not Acceptable)						
	. BOX 2491			83						
DAY	TONA BEACH FL 32115-2491			03						
				84	City			FL	85 Zip	Code
office or r	registered agent, or both, in the Sta	502 and 607.1508, Florida ite of Florida. Such change	Statutes, the a	above-r	named corp	poration submits this statement for ion's board of directors. I hereby	or the pu	rpose of ci	nanging i ntment as	registered
GNATURE	Signature, typed or printed name of registered a	agent and tille if applicable	(NOTE Registere	ed Agent		oration submits this statement from's board of directors. I hereby	**********	DATE		
GNATURE	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable	(NOTE Registere	ed Agent			**********	DATE RS AND D	DIRECTOR	RS IN 12
GNATURE	Signature, typed or printed name of registered in OFFICERS A	agent and tille if applicable	(NOTE Registere 13. ETE 1.1 T	ed Agent		ed when reinstating)	**********	DATE RS AND D		RS IN 12
GNATURE LE ME	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable	(NOTE Registere 13. ETE 1.1 T 1.2 N	ed Agent	signature requir	ed when reinstating)	**********	DATE RS AND D	DIRECTOR	RS IN 12
GNATURE LE ME REEL ADDRESS	Signature, typed or printed name of registrated of SVP CLIFTON, PATRICIA F	agent and title if applicable	(NOTE Registere 13.) ETE 1.1 T 1.2 N 1.3 S	ed Agent	t signature requir	ed when reinstating)	**********	DATE RS AND D	DIRECTOR	RS IN 12
GNATURE LE ME REEL ADDRESS Y-SI-7P	Signature Typest of printed nemic of registered A SVP CLIFTON, PATRICIA F 2673 FLOWINF WELL RD DELAND FL VP	agent and title if applicable	(NOTE Registers 13. ETE 1.1T 12N 13.8 1.4.0	ed Agent TITLE VAME STREET AL	t signature requir	ed when reinstating)	**********	DATE RS AND D	DIRECTOR Change	RS IN 12
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May 02 1997 8:00am

Secretary of State