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PROFIT
CORPORATION
ANNUAL REPORT
1997

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FLORIDA DEPARTMENT OF STATE

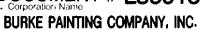
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L86015

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Jan 16 1997 8:00 am
Secretary of State



Principal Place of Business Mailing Address						- I INDIINDII NEI INIEN NIINI NUINE INNUE INNUE IN	DADIO DIDO	I I I I I I I I I I I I I I I I I I I	11011 IUN
9136 B6TH AVE. N SEMINOLE FL 34647 US		19096 LOIS AVE. N SEMINOLE FL 33776-1809 US							
						3. Date Incorporated or Qualified 07/05/1990		ate of Last F 23/1996	Report
_	ace of Business	2a. Mailing Address				4. FEI Number			pplied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			····· • • • • • • • • • • • • • • • • •	59-3023119			ot Applicable
22 City & State		27				5. Certificate of Status Desired		Fee R	Additional equired
23	;	City & State				6. Election Campaign Financing			May Be
Zip	Country	28 Zip	Coi	untry	,	Trust Fund Contribution 8. This corporation has liability for			to Fees
24	25	29	30	,			Yes		5. 199.032,
	9, Name and Address of Curren			T		10. Name and Address of New R	_		· · · · · · · · · · · · · · · · · · ·
EHRH	IARDT, DAVID M.			81	Name				
	86TH AVENUE NORTH	·		82	Street Add	ress (P.O. Box Number is Not Accepta	hla)	 	
SEMI	NOLE FL 34647				Oli Doli i lod	i o o o o o o o o o o o o o o o o o o o	Dioj		
				83					
				84	City		FL	85 Zip	Code
office or re	o the provisions of Sections 607 050 egistered agent, or both, in the State n familiar with, and accept the obliga	of Floridal Such change was	s authorize	id by	the corpora	poration submits this statement for the tion's board of directors. I hereby acception's	nurnasa r	of changing i pointment as	ts registered registered
SIGNATURE.									
12.	Signaturi, Ayund or prink of name of regulated age OFFICERS ANI		OTE: Registere	d Age	nt signature requi	red when reinstating)	OATE OATE	D DIDECTOR	20 11 40
TITLE	D OFFICERS AND	DELETE	117	ITI 6		ADDITIONS/CHANGES TO OFFI	CEHS AN	Change	Addition
NAME	EHRHARDT, DAVID M.	beere	1.2 N					L Unange	TT VOUITION
STREET ADDRESS	9136 86TH AVENUE NORTH				ADDRESS				
CITY - ST - ZIP	SEMINOLE FL				ST - ZIP				
TITLE	·····	DELETE	217		11-511			Change	Addition
NAME			2.2 N	AME				_ •	
STREET ADDRESS			238	TREET	ADDRESS				
CITY-ST-7-P			2 4 (OTY - S	ST-ZIP				
TITLE		☐ DELETE	3.1 T	TLE				Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY - ST - ZIP					ST-ZIP				
TOTLE		☐ DELETE	4.1 T	ITLE				Change	Modilion
NAME STREET ASSOCIA			4.21						
STREET ADDRESS					ADDRESS				
CHTY-ST-ZIP THILE		DELETE	4.4 C	_	IT - ZIP			Change	Addition
NAME			5.2 N		1				□ Kaailion
STHEEF ADDRESS					ADDRESS				
CITY-ST-7/F					T-ZIP				
TITLE		DELETE	6.1 T		., 20			Change	Addition
NAME			6.2 N						
STREET ADDRESS					ADDRESS				
CHTY-ST-ZIP					IT-ZIP				
14. I do hereb informatio			9.4 0	1117-3	11,74,17				

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813 392-3958

Daytime Phone #