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**

Principal Place of Business

Mailing Address



FILED

97 JUN 27 PM 2: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

مع جدان به	JU 61 DVE , 7.			Z	~ د.	ستدر امنتدر د					
	MAN, FL 33/50 MMM, FL 33/50						7/17/90			Date of Last Report	
2. Principal F	Place of Business	2a. Mailin	ng Address				4. FEI Number			Applied For	
21		26					65-02/1753			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional			
22 Oity 8 Oral		27	Slale							e Required	
City & Stat 23		28	State	···			Election Campaign Financing Trust Fund Contribution			00 May Be ded to Fees	
Zip	Country	Zip		Cour	ntry		8. This corporation has liability for i			er s. 199.032,	
24	[25]	29	•	30			I	Yes [
	9. Name and Address of Currer				81 Na	ame	10. Name and Address of New Re	gistered #	gent		
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, y ,	1. Sa 67 %	me.	72		82 Str	reet Addres	ss (P.O. Box Number is Not Acceptab	le)			
		/ _	,	_	83	·					
Mn	green Pl. ORI	000	9/03	· [
•					84 Or	ty			85	Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.150	8. Florida Statut	tes, the ab	DOVE-DAI	med corpor	ration submits this statement for the p	urnosa af	changi	na ite regieterer	
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Suc	ch change was :	authorized	i by the	corporatio	n's board of directors. Thereby accep	the appo	ointmen	l as registered	
•	an ranimar with, and accept the oblig-	BUONS DI. DECU	011 007.0305, FI	io:iua siaii	Jies.						
SIGNATURE	Signature, typed or printed name of registered ago	of and title if applica	ibe (NOI	Ti : Begistered	Agent sig	nature required	when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS IN 12	
TITLE	PROSIDONT		DELETE	1111	Lf	T			☐ Char	nge 🔲 Additio	
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STREET ADDRESS					··· Ree 1 addr	ESS	1771	/			
CITY-ST-ZIP	•				Y - S1 - 712		(/ /	/			
	by certify that the information supplier	t until this filles	done not ounli			on stated in	Saction 110 07/3/ii) Florida Calulas	1 1		di a di di di	

I do nereby certify that the information supplied with this filling does not quality 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:



June 22, 1997

Annual Reports Filings Division of Corporations P.O. Box 6237 Tallahassee, Florida 32314

Dear sirs:

Enclosed you will find my annual report, accompanied by the fee of \$165.00.

I want to make you aware that I had not received any preprinted annual report as of June 16, 1997.

My delay in filing and paying the filing fee was due to that circumstance and not to my neglect in compliying with my annual obligation.

Sincerely,

PRESIDENT