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

PROFIT CORPORATION **ANNUAL REPORT**



Sandra B. Mortham

	NNUAL REPORT 1997			Scoretary of State DIVISION OF CORPORATIONS					Secretary of State						
DOCUI 1. Corporation	MENT # NAME CORF		7	(8)											
OMPLEY	NGE CON	CHATION													
Principal Place	e of Business		Mailin	y Address											
775 MANCHESTER AVE. WABASH IN 48992 US			РОВ	P O BOX 443 WABASH IN 46992-0443											
									 Date Incorp 09/13/198 		or Qualified	l l	Dale of Last R 5 /01/1996	eport	
2. Principal Pl	lace of Busine	2a. Ma	2a. Mailing Address					4. FEI Number				⊢ —	oplied For		
Suite, Apt.	# etc	26	Suite, Apt. #, etc.					59-3033	849				ot Applicable		
22	π, etc.	r ····1	27					Certificate o	f Statu	s Desired		\$8.75 / Fee Re			
City & State	e		City & State				-	6. Election Car	mpaio	i Financino		\$5.00			
23		28	ļ-·····]					Trust Fund (, ,	Ū			to Fees		
Zip	Country			Zip					8. This corpora		as liability fo			. 199.032,	
25 25 9. Name and Address of Current			29						Florida Slatt O. Name and		no of Novi I	Yes			
wen		no Address of Co	irrent negistere	a Agent		B1	Nanie	1	U, Name and	Auure	SS OI NOW I	negistere	u Agent		
WEDEN, MARK 1122 SALT CREEK DRIVE					<u>\</u> .										
PON		82 Street Add			Address	(P.O. Box Num	nber is	Not Accept	lable)						
1011		D 1011 1 D 02001	•		ļ.	83									
						84	City						. 85 Zip	Code	
					[City					F		Code	
11. Pursuant I	to the provision	ns of Sections 607 nt, or both, in the S	.0502 and 607.	508, Florida Statu	tes, the ab	ove by	named o	corpora	tion submits thi	s state	ment for the	purpose	of changing it	s registered	
agent. I a	m familiar with	and accept the c	bligations of Sc	ction 607.0505, F	lorida Statu	des	ine corp.	zoranom	a board or circo	JUIS, I	nerony troc	.cpr inc a	гропинсти ав	registered	
SIGNATURE	Classica Lucadas	ponted name of registers	a social sind the desire	a. 571 1 7 7 7a/a	II (Inoist and			No. of the second	her reinstaling)			DATE			
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TITLE	DP			DELETE	1.1 101	f	T						Change	Addition	
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STREET ADDRESS									5 MANO					ı	
CITY-ST-ZIP	JACKSON\	ILLE FL	····		1.4 CIF		I - 7IP	WA	BASH, I.	~	46997	·			
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STREET ADORESS	WABASH I						ADDRESS								
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NAME	AGNESS, 1	TERRY		3.2 NAME								-			
STREET ADDRESS	775 MANC	Hester ave.			3.3 STR	RET.	ADDRESS								
CITY-ST-ZIP	WABASH I	<u>N</u>	.,,	· · · · · · · · · · · · · · · · · · ·	3.4 CIT	Y · S	1 - 71P								
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CITY-ST-ZIP TITLE				DETETE	44 CIN		1-716						Change	Addition	
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TITLE				DELETE	6 1 Tills	E							Change	Addition	
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STREET ADDRESS	• •				0.3 S1H	EET.	ADDRESS								
CITY-ST-ZIP	ay parlify that t	La information ou	THE HOUSE	Con door not soon	6.4 CIT	Y- \$1	I - ZIP	intest is	Carlier 110.03	/2V// I	Jarida Stati		ac on differ the at	#L.c.	

I do hereby certify that the information supplied with this fring 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 eath; 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 13 if changed, or on an attachment with an address.

FILED

May 14 1997 8:00am