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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # M71100

(5)

	IKE, INC.	Mailing Address			
		% TIM BOVE 208 E. MAGNOLIA ST. DAVENPORT FL 33837			
				3. Date incorporated or Qualified 03/02/1988	05/24/1996
2. Principa 21	Flace of Business	28. Mailing Address		4. FEI Number 59-2886290	Applied For Not Applicable
	ot. #, elc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Si 23	tate	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23]	Country	7 _{(p}	Country		or intangible tax under s. 199.032,
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New	Registered Agent
	IVE, TIM		81 Name		
208 E. MAGNOLIA ST.			82 Street Add	dress (P.O. Box Number is Not Accept	table)
DA	VENPORT FL 33837		83		
			63		
			84 City		FL 85 Zip Code
11. Pursua office c	nt to the provisions of Sections 607.0s or registered agent, or both, in the Sta	502 and 607.1508, Florida Statul ite of Florida Such change was	tes, the above-named col authorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	cept the appointment as registered
11. Pursua office c agent. SIGNATUR	nt to the provisions of Sections 607.05 or registered agent, or both, in the Stati I am familiar with, and accept the obline Signature typed or printed name of registered a		tes, the above-named co authorized by the corpora lorida Statutes. TE: Registered Agent signature req		cept the appointment as registered
	F Signature Typed or printed harne of registered a OFFICERS A	agent and title if applicable (NO		juired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATUR	F Signature, typed or printed name of registered a OFF ICERS A	eldspilogge fi bitt bns hege	TE: Registered Agent signature req	juired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATUR 12. TIFLE NAME	F Signature typed or printed name of registered a OFF ICERS A BOVE, TIM	agent and title if applicable (NO	TE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	juired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATUR 12. TIFLE NAME STREET ADDRES	F Signature typed or printed name of registered a OFFICERS A BOVE, TIM 208 E. MAGNOLIA ST.	agent and title if applicable (NO	TE. Registered Apen' signature req 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS	juired when reinstating)	DATE FICERS AND DIRECTORS IN 12
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I do necessy certary triat the information supplied with this him globes not quality for the exemption istated in section 119,07(3)(f), florida statutes. From the certify that the information indicated on this arinual 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 exporation of 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 33 changed or on anything the same legal effect as if made under oath; that I am an officer or director of the exporation of 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 33 changed or on anything the same legal effect as if made under oath; that

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

4/25/97

647-3930 Daytine Prone #

FILED

May 13 1997 8:00am

Secretary of State