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

GATOR Principal Place 2141 US 1 ROCKLEDGE F		Mailing Address 2141 US 1 ROCKLEDGE FL 32955-37	26					
US :		US	•		3. Date Incorporated or Qualified	(ite of Last R	eporl
2. Principal P	lace of Business	2a. Mailing Address			03/21/1988 4. FEI Number	1 00/	17/1996	oplied For
គ្		26	1		65-0041916		<u>}</u> -i	ot Applicable
Sulte, Apt.	#, etc.	Suite, Apl. #, etc.			5. Certificate of Status Desired	Γ7	\$8.75	
City & State		City & State						equired
23	9	28	l		6. Election Campaign Financing Trust Fund Contribution	\Box	\$5.00 Added	May Be to Fees
Zip 24	Country 25 9, Name and Address of Curre	7(p	30 :	ry	8. This corporation has liability for Florida Statutes 10. Name and Address of New Received 11. Status of New Received 12. This corporation has liability for the liabilit	Yes [tax under s	
HOL	JSER, DAVID W.	The state of the s	8	1 Nanic		giotoiou	· · ·	
	1 US 1		8	2 Street Add	nt Address (P.O. Box Number is Not Acceptable)			
ROC	XLEDGE FL 32955		١	<u> </u>				
			8	3				
			8	4 City		FL	85 Zip (Code
11. Pursuant to office or reagent. I as SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stale m familiar with, and accept the oblig	•	i		poration submits this statement for the partition's board of directors. I hereby acce	ourpose of pt the app	changing it ointment as	s registered registered
12.	Signature, typed or printed name of registered at	yent and little if applicable (NO ND DIRECTORS	It Hegislandel A	gen: signature requ	ired when reinstaturg) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTOE	OC IN 12
TITLE	p	DELFTE	1,1 1(1)	T.	ADDITIONAL CHANGES TO GITTE	ZENO AND	Change	Addition
NAME	HOUSER, DAVID		1.2 NAM	<u> </u>				
STREET ADDRESS	2141 US 1		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	ROCKLEDGE FL	DELETE		- ST - 7IP	,		Change	Addition
TITLE NAME		₩ ÞŒŒ	2.1 TI LI 2.2 NAM	ļ			change	[_] Wouldon
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	n.		- 1	- ST - ZIP				
TITLE		DELETE	3.1 11711				Change	Addition
NAME			3.2 NAM	Į.				
STREET ADDRESS	n			ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	- \$1 - 711'			Change	Addition
NAME			4.2 NA	. l			•	
STREET ADDRESS			4.3 S1R	ET ADDRESS				
CITY-ST-ZIP		F1 52,5-2		- SI - ZIP			T7 6	
TITLE		DELITE	5.1 Till	}			Change	Addition
STREET ADDRESS			5.2 NAM 5.3 S188	ET ADDRESS				
CITY-ST-ZIP				- S1 - ZIP				
TITLE		DELETE	6.1 7171.1				Change	Addition
NAME			6.2 NAM					
STREET ADDRESS	n.		1	ET ADDRESS				
CITY-ST-ZIP			6.4 C/LY	ISI-7IP				

To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutos. 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 of the receiver or unsteed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block [33] emarged, or only nation; it with an address.

SIGNATURE:

01 632-0320

FILED

May 20 1997 8:00am

Secretary of State