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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # M76966

(4)

Principal Place of Bu		Mailing Address				
% DAVID SCHERFF 2965 SHAMROCK NORTH, UNIT 19 TALLAHASSEE FL 32308		% DAVID SCHERFF 2985 SHAMROCK NOI	•		, , , , , , , , , , , , , , , , , , ,	
				3- Date Incorporated or Qualify 04/19/1988	ed 3s. Date of Last R 04/03/1996	epori
2. Principal Place of	Business A	2a. Mailing Address	A	4. FEI Number	~~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	plied For
n	ylerc Hve	26 PO BOX	<u>2021</u>	23-2526192		t Applicable
Suite, Apr. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 / Fee Re	
امج گرانایی State .	N.4	City & State		6. Election Campaign Financing		···
3 Scronton	s PA	28 Scienton	PA	Trust Fund Contribution	Added t	
Zφ	Country	Zip	Country	8. This corporation has liability		
4 18209	25 USA	29 18501	30 USA	Florida Statutes	Yes No	
SCHERFF	Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New	Registered Agent	
2965 SHA UNIT 19 TALLAHA:	AMROCK NORTH SSEE FL		84 City	Ota Petensburg	ptable) th FL 85 Zip (70 L
 Pursuant to the police or register. 	provisions of Sections 607.	.0502 and 607.1508, Florida Sta	atutes, the above-named	corporation submis this statement for the poration's board of directors. I hereby ac	he purpose of changing it	s registered registered
agent Tamiami	illar with, and accept the o	bligations of, Section 607.0505	, Florida Statutes.	4/	16/97	
agent Familiami S:GNATURE	The Doc printed name of registing	bligations of, Section 607.0505	AS AUTHORIZED BY THE COLL , Florida Statutes. NOTE: Registered Agent signature 13,	4/	16/97 DATE	
S:GNATURE Signal 12.	Type or punted name of registric OFFICERS	Diligations of, Section 607.0505	, Florida Statutes. NOTE Registered Agent signature	e required when reinstating)	16/97 DATE	S IN 12
agent Lam tami S:GNATURE 12. 1014 PD NAME LYN	OFFICERS	Diligations of, Section 607.0505 diagert and title if applicable. (AND DIRECTORS	NOTE Registered Agent signature 13. 1.1 TITLE 1.2 NAME	a required when reinstating) ADDITIONS/CHANGES TO OF	16/97- DATE FFICERS AND DIRECTOR	S IN 12
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May 16 1997 8:00am Secretary of State

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